APPENDIX TO THE INTERIM REPORT OF THE SPECIAL COMMITTEE ON DRUG AND ALCOHOL ABUSE



December, 1987

The Honorable Pauline H. Menes, Chairperson

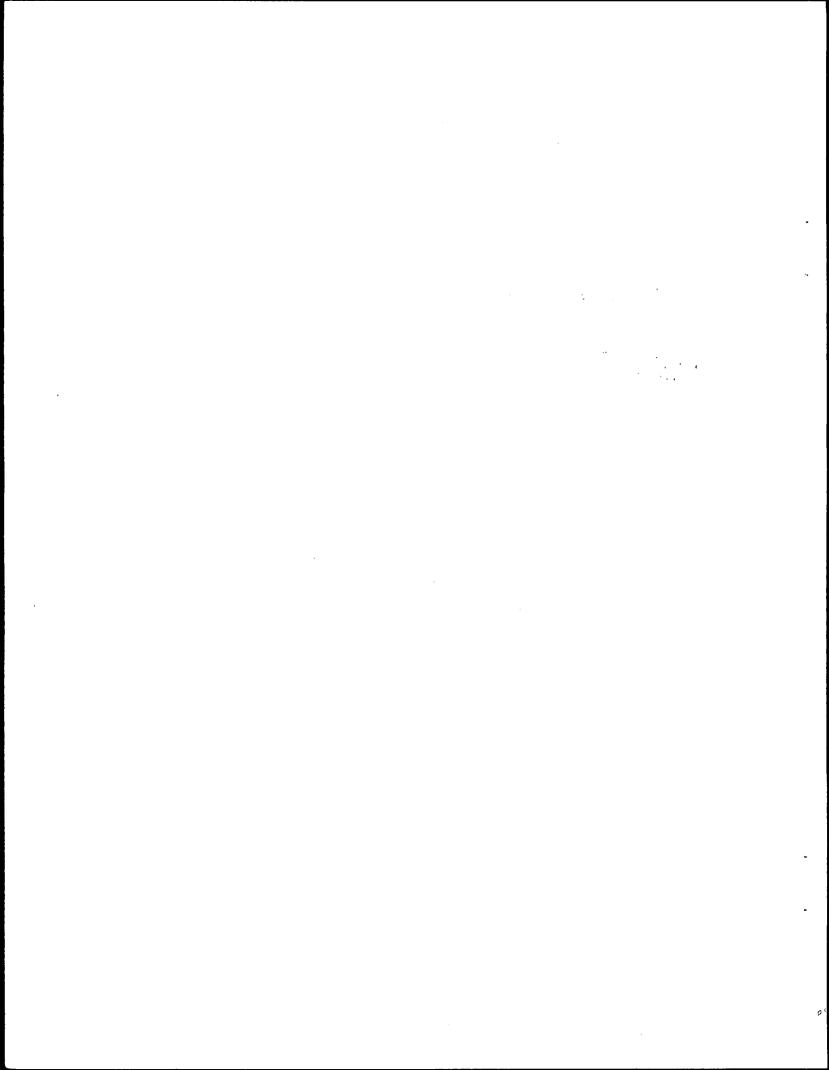
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SPECIAL COMMITTEE ON DRUG AND ALCOHOL ABUSE

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Appendices

Appendix I. Recommended Legislation Final Report on Drug and Alcohol Education and Appendix II. Disciplinary Policy in Maryland's Public Schools Appendix III. Forms for Survey of County Health Officers Appendix IV. Correspondence Appendix V. State of Maryland Department of Personnel: Executive Summary of Proposed Drug Testing Policy Office of Justice Assistance: Section IV: Strategy for Appendix VI. Addressing the Drug Abuse Problem Appendix VII. List of Participants Appendix VIII. Minutes Appendix IX. Maryland State Department of Education: February 1987 Alcohol and Drug Data

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Appendix I.

Legislation

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By:	22
A BILL ENTITLED	25
AN ACT concerning	30
Probation - Drug and Alcohol Testing	33
FOR the purpose of establishing that a certain drug and alcohol	37
test is sufficiently reliable to justify revocation of the	38
defendant's probation, without an expert witness from the	39
laboratory testifying to support the contents of the report;	40
establishing that nothing in this Act precludes the right of	
certain parties to introduce any evidence supporting or	41
contradicting the laboratory test; requiring a copy of the	42
laboratory test to be available to the defendant or the	43
defendant's counsel a certain number of days before the	44
probation hearing; and generally relating to the revocation	
of probation based on certain drug and alcohol tests.	45
BY adding to	47
Article - Courts and Judicial Proceedings	50
Section 10-914	52
Annotated Code of Maryland	54
(1984 Replacement Volume and 1987 Supplement)	55

EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW. [Brackets] indicate matter deleted from existing law.

SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF	58
MARYLAND, That the Laws of Maryland read as follows:	59
Article - Courts and Judicial Proceedings	62
	-
10-914.	65
(A) A LABORATORY TEST, PERFORMED BY A LABORATORY CERTIFIED	68
BY THE DIVISION OF PAROLE AND PROBATION OF THE DEPARTMENT OF	69
PUBLIC SAFETY AND CORRECTIONAL SERVICES, INDICATING THAT THE	70
DEFENDANT HAS USED A CONTROLLED DANGEROUS SUBSTANCE AS DEFINED IN	71
ARTICLE 27, § 277 OF THE CODE OR ALCOHOL, IS SUFFICIENTLY	72
RELIABLE TO JUSTIFY REVOCATION OF THE DEFENDANT'S PROBATION,	
WITHOUT AN EXPERT WITNESS FROM THE LABORATORY TESTIFYING IN COURT	73
TO SUPPORT THE CONTENTS OF THE REPORT.	74
(B) NOTHING IN THIS SECTION PRECLUDES THE RIGHT OF ANY	77
PARTY TO INTRODUCE ANY EVIDENCE SUPPORTING OR CONTRADICTING THE	78
LABORATORY TEST.	
(C) SUBSECTION (A) OF THIS SECTION IS APPLICABLE IN A	81
PROBATION HEARING ONLY WHEN A COPY OF THE LABORATORY TEST TO BE	82
INTRODUCED IS MAILED, DELIVERED, OR MADE AVAILABLE TO COUNSEL FOR	
THE DEFENDANT OR TO THE DEFENDANT PERSONALLY WHEN THE DEFENDANT	84
IS NOT REPRESENTED BY COUNSEL, AT LEAST 2 DAYS PRIOR TO THE	8 5
INTRODUCTION OF THE LABORATORY TEST AT THE HEARING.	
SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall	an

take effect July 1, 1988.

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Ву:	2	2
A BILL ENTITLED	2	5
AN ACT concerning	3	0
Drug and Alcohol Testing - La	boratories - 3	3
Licensing and Certific	ation 3	4
FOR the purpose of requiring an employer	who requires certain 3	8
job-related testing for the use	or abuse of any drug or 3	39
alcohol to have the specimen tested	by a laboratory that	0
holds a permit or is certified	or approved in a certain	
manner; defining certain terms;	providing a certain 4	11
exception; requiring the employer	to relate to the person 4	12 [.]
being tested certain information re	egarding the laboratory 4	43
testing the specimen; permitting	an employee to request a	
certain independent verification of	the test results from	44
the same sample; requiring the	Department of Health and	45
Mental Hygiene to adopt cert	ain regulations for	46
certification and approval of ce	ertain laboratories; and	
generally relating to licensing and		47
laboratories.	,	
BY adding to	•	49
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Article - Health - General	•	52

EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW. indicate matter deleted from existing law.

Section 17-214.1	54
Annotated Code of Maryland	56
(1987 Replacement Volume)	57
SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF	60
MARYLAND, That the Laws of Maryland read as follows:	61
Article - Health - General	64
17-214.1.	67
(A) IN THIS SECTION THE FOLLOWING WORDS HAVE THE MEANINGS INDICATED.	70
(1) "ALCOHOL OR DRUG TESTING" MEANS A PROCEDURE USED TO DETERMINE WHETHER OR NOT A SPECIMEN CONTAINS DRUGS OR ALCOHOL.	73 74
(2) "CERTIFICATION" MEANS THE APPROVAL GRANTED BY THE	77
DEPARTMENT FOR A LABORATORY TO ENGAGE IN JOB-RELATED ALCOHOL OR DRUG TESTING.	78
(3) "JOB-RELATED" MEANS ANY ALCOHOL OR DRUG TESTING USED BY AN EMPLOYER.	81
(4) "LABORATORY" MEANS A FACILITY OR OTHER ENTITY	84
THAT CONDUCTS JOB-RELATED ALCOHOL OR DRUG TESTING.	85
(B) AN EMPLOYER WHO REQUIRES ANY EMPLOYEE, CONTRACTOR, OR	88
OTHER PERSON TO BE TESTED FOR JOB-RELATED REASONS FOR THE USE OR ABUSE OF ANY DRUG OR ALCOHOL SHALL:	89
(1) HAVE THE SPECIMEN TESTED:	91

(I) BY A LABORATORY THAT HOLDS A PERMIT UNDER	94
THIS SUBTITLE; OR	95
(II) BY A LABORATORY WHICH IS LOCATED OUTSIDE	98
OF THE STATE AND HAS BEEN CERTIFIED OR OTHERWISE APPROVED BY A	99
FEDERAL GOVERNMENT AGENCY DESIGNATED TO CERTIFY OR APPROVE	100
TESTING LABORATORIES; AND	
(2) AT THE TIME OF THE THE THE TWO THE	
(2) AT THE TIME OF TESTING, AT THE EMPLOYEE'S	102
REQUEST, INFORM THE EMPLOYEE OF THE NAME AND ADDRESS OF THE	103
LABORATORY THAT WILL TEST THE SPECIMEN.	
(C) (1) AN EMPLOYEE MAY REQUEST INDEPENDENT TESTING OF THE	106
SAME SAMPLE FOR VERIFICATION OF THE TEST RESULTS BY A LABORATORY	107
THAT:	107
INAI:	
(I) HOLDS A PERMIT UNDER THIS SUBTITLE; OR	110
(II) IF LOCATED OUTSIDE OF THE STATE, HAS BEEN	113
CERTIFIED OR OTHERWISE APPROVED UNDER SUBSECTION (D) OF THIS	114
SECTION.	
(2) THE EMPLOYEE SHALL PAY THE COST OF AN INDEPENDENT	117
TEST CONDUCTED UNDER THIS SUBSECTION.	118
(D) (1) THE DEPARTMENT OF HEALTH AND MENTAL HYGIENE SHALL	121
ADOPT REGULATIONS GOVERNING THE LICENSING AND CERTIFICATION OF	
LABORATORIES THAT CONDUCT JOB-RELATED ALCOHOL OR DRUG TESTING.	123
(2) IN ADDITION TO ANY OTHER LABORATORY STANDARDS,	126
THE REGULATIONS SHALL:	

0110437	
(I) REQUIRE THAT THE LABORATORY COMPLY WITH THE	129
GUIDELINES FOR LABORATORY ACCREDITATION AS SET FORTH BY THE	130
COLLEGE OF AMERICAN PATHOLOGISTS AND THE U.S. HEALTH CARE	131
FINANCING ADMINISTRATION (HCFA);	
(II) REQUIRE THAT THE LABORATORY BE A	134
PARTICIPANT IN A PROGRAM OF BLIND PROFICIENCY TESTING OF URINARY	135
DRUG SCREENING BY THE AMERICAN ASSOCIATION OF BIOANALYSTS, THE	136
COLLEGE OF AMERICAN PATHOLOGISTS, OR THE AMERICAN ASSOCIATION OF	137
CLINICAL CHEMISTRY; AND	
(III) INCLUDE PROCEDURES FOR ANNUAL RECERTIFICATION AND INSPECTION.	140
(E) THIS SECTION DOES NOT APPLY TO ALCOHOL OR DRUG TESTING	143
BY A LAW ENFORCEMENT OR CORRECTIONAL AGENCY.	144
SECTION 2. AND BE IT FURTHER ENACTED. That this Act shall	149

take effect July 1, 1988.

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By:	22
A BILL ENTITLED	25
AN ACT concerning	30
Juvenile Causes - Drug and Alcohol Treatment	33
FOR the purpose of authorizing certain persons, prior to an	37
adjudicatory hearing, to apply for involuntary admission of	38
a child into a certain alcohol or drug abuse treatment	39
program and providing certain procedures; immunizing	
certain persons who apply under this Act in good faith;	40
-	41
•	42
to counsel in proceedings under this Act; requiring the	
\cdots	43
•	45
certain drug and alcohol treatment for children.	
BY adding to	47
Article - Courts and Judicial Proceedings	50
Section 3-818.1 through 3-818.7	52
Annotated Code of Maryland	54
(1984 Replacement Volume and 1987 Supplement)	55

EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW. [Brackets] indicate matter deleted from existing law.

SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF	58
MARYLAND, That the Laws of Maryland read as follows:	59
Article - Courts and Judicial Proceedings	62
3-818.1.	65
(A) IN §§ 3-818.2 THROUGH 3-818.5 OF THIS SUBTITLE THE	68
FOLLOWING WORDS HAVE THE MEANINGS INDICATED.	69
(B) "PHYSICIAN" MEANS AN INDIVIDUAL WHO IS LICENSED UNDER	72
TITLE 14 OF THE HEALTH OCCUPATIONS ARTICLE.	73
(C) "PSYCHOLOGIST" MEANS AN INDIVIDUAL WHO IS:	76
(1) LICENSED UNDER TITLE 16 OF THE HEALTH OCCUPATIONS ARTICLE; AND	79
(2) LISTED IN THE NATIONAL REGISTER OF HEALTH SERVICE PROVIDERS IN PSYCHOLOGY.	82
3-818.2.	85
(A) PRIOR TO AN ADJUDICATORY HEARING, APPLICATION FOR	88
INVOLUNTARY ADMISSION OF A CHILD INTO AN ALCOHOL OR DRUG ABUSE	89
TREATMENT PROGRAM, AS DEFINED BY THE DEPARTMENT, MAY BE MADE BY	90
ANY PERSON WHO HAS A LEGITIMATE INTEREST IN THE WELFARE OF THE	91
CHILD.	
(B) A PERSON WHO APPLIES IN GOOD FAITH AND WITH REASONABLE	94
GROUNDS IS NOT CIVILLY OR CRIMINALLY LIABLE FOR ACTS OR OMISSIONS	95
RELATING TO THE APPLICATION.	

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EACH APPLICATION FOR INVOLUNTARY ADMISSION UNDER § 3-818.1	101
OF THIS SUBTITLE TO AN ALCOHOL OR DRUG ABUSE TREATMENT PROGRAM,	102
AS DEFINED BY THE DEPARTMENT, SHALL:	103
(1) BE IN WRITING;	106
(2) BE DATED;	109
(3) BE ON THE FORM REQUIRED BY THE COURT;	112
(4) STATE THE RELATIONSHIP OF THE APPLICANT TO THE CHILD FOR WHOM ADMISSION IS SOUGHT;	115
(5) BE SIGNED BY THE APPLICANT;	118
(6) BE ACCOMPANIED BY THE CERTIFICATES OF:	121
(I) 1 PHYSICIAN AND 1 PSYCHOLOGIST WHO HAVE EXAMINED THE CHILD; OR	124
(II) 2 PHYSICIANS WHO HAVE EXAMINED THE CHILD;	127
(7) CONTAIN ANY OTHER INFORMATION THAT THE COURT REQUIRES.	130
3-818.4.	133
(A) (1) A CERTIFICATE FOR INVOLUNTARY ADMISSION OF A CHILD	136
INTO ALCOHOL OR CONTROLLED DANGEROUS SUBSTANCE TREATMENT UNDER §	137
3-818.1 OF THIS SUBTITLE SHALL:	

(I) BE BASED ON THE PERSONAL EXAMINATION OF THE	140
PHYSICIAN OR PSYCHOLOGIST WHO SIGNS THE CERTIFICATE; AND	141
(II) BE IN THE FORM THE COURT REQUIRES.	144
(2) THE COURT SHALL REQUIRE THE FORM TO INCLUDE:	147
(I) A DIAGNOSIS OF A MENTAL DISORDERS OF THE	150
CHILD;	
(II) AN OPINION THAT THE CHILD NEEDS INPATIENT	153
CARE OR TREATMENT; AND	
(III) AN OPINION THAT ADMISSION TO AN ALCOHOL	156
OR DRUG ABUSE TREATMENT PROGRAM, AS DEFINED BY THE DEPARTMENT, IS	157
NEEDED FOR THE PROTECTION OF THE CHILD OR ANOTHER INDIVIDUAL.	158
(B) A CERTIFICATE MAY NOT BE USED FOR ADMISSION IF THE	161
EXAMINATION ON WHICH THE CERTIFICATE IS MADE WAS DONE:	162
(1) MORE THAN 1 WEEK BEFORE THE CERTIFICATE IS	165
SIGNED; OR	
(2) MORE THAN 30 DAYS BEFORE THE ALCOHOL OR DRUG	168
ABUSE TREATMENT PROGRAM, AS DEFINED BY THE DEPARTMENT, RECEIVES	169
THE APPLICATION FOR ADMISSION.	
(C) A CERTIFICATE MAY NOT BE USED FOR AN ADMISSION IF THE	172
PHYSICIAN OR PSYCHOLOGIST WHO SIGNED THE CERTIFICATE.	173

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(1) HAS A FINANCIAL INTEREST, THROUGH OWNERSHIP OR	176
COMPENSATION, IN A PROPRIETARY FACILITY IS SOUGHT FOR THE CHILD	177
WHOSE STATUS IS BEING CERTIFIED; OR	
(2) IS RELATED, BY BLOOD OR MARRIAGE, TO THE CHILD OR	1 9 0
TO THE APPLICANT.	100
TO THE APPLICANT:	
3-818.5.	183
A COURT MAY NOT ADMIT THE CHILD UNDER §§ 3-818.2 THROUGH	186
3-818.4 OF THIS SUBTITLE UNLESS:	
(1) THE CHILD NEEDS INPATIENT CARE OR TREATMENT;	189
(2) THE CHILD PRESENTS A DANGER TO THE LIFE OR SAFETY	192
OF THE INDIVIDUALS OR OF OTHERS;	
/0>	
(3) THE CHILD IS UNABLE OR UNWILLING TO BE ADMITTED	195
VOLUNTARILY; AND	
(4) THERE IS NO AVAILABLE, LESS RESTRICTIVE FORM OF	198
INTERVENTION THAT IS CONSISTENT WITH THE WELFARE AND SAFETY OF	199
THE CHILD.	
3-818.6.	201
2-010·0·	201
THE PROCEEDINGS BEFORE THE COURT FOR THE INVOLUNTARY	203

ADMISSION OF A CHILD UNDER §§ 3-818.2 THROUGH 3-818.4 OF 204

SUBTITLE, A CHILD HAS A RIGHT TO COUNSEL.

3-818.7. 206

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THE COURT SHALL PROVIDE A COPY OF THE CERTIFICATE OF 208 INVOLUNTARY ADMISSION TO THE CHILD AND THE CHILD'S ATTORNEY OF 209 RECORD.

SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall 214 take effect July 1, 1988.

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By: Delegate Menes	-	2
A BILL ENTITLED		
		5
AN ACT concerning	3	0
District Court Jurisdiction - Driving Whi	le Intoxicated - Penalty 3	3
FOR the purpose of establishing the pena	lty for certain first 3	7
offenses for driving while intoxication	ated; requiring certain 3	8
charges for driving while intoxicated	d to be tried in the	٠
District Court; prohibiting a jury	trial for an individual 3	9
charged with first offenses; and gen	erally relating to the 4	0
jurisdiction of the District Co	urt for certain first 4	11
offenses.		
BY repealing and reenacting, with amendme	nts, 4	13
Article - Transportation	4	16
Section 27-101(k)	4	18
Annotated Code of Maryland	. *	50
(1987 Replacement Volume)		51
BY repealing and reenacting, without amen	dments,	54
Article - Courts and Judicial Procee	dings	57
Section 4-302(e)	• !	59
Annotated Code of Maryland		51

(1984 Replacement Volume and 1987 Supplement)	62
Preamble .	65
WHEREAS, Alcohol-related driving offenses have increased and	68
it is important to record convictions in the cases brought before	6 9
the courts; and	
WHEREAS, Many dispositions are made in District Court to	71
expedite trials and prevent a backlog of cases; and	72
WHEREAS, The District Court's jurisdiction does not permit	74
jury trials and does not extend to cases with penalties that	75
exceed 90 days imprisonment; and	
WHEREAS, Many first offenders who would otherwise be	77
convicted for driving while intoxicated (DWI) are convicted of	78
driving under the influence (DUI) in order to enable the courts	79
to operate efficiently; and	
WHEREAS, An individual charged as a first offender may elect	81
a costly jury trial in circuit court; and	82
WHEREAS, The cost of a jury trial is prohibitive and	85
therefore should be reserved for cases where the penalty and	86
circumstances involve injury and property damages; and	
WHEREAS, A first offender charged with driving while	88
intoxicated should be subject to a recorded conviction rather	89
than a probation before judgment or a conviction for a lesser	90
charge; now, therefore,	

SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF	94
MARYLAND, That the Laws of Maryland read as follows:	95
Article - Transportation	98
27-101.	101
(k) Any person who is convicted of a violation of any of	104
the provisions of § 21-902(a) of this article ("Driving while	105
<pre>intoxicated"):</pre>	
(1) (I) For a first offense, shall be subject to a	108
fine of not more than \$1,000, or imprisonment for not more than 1	109
year, or both; OR	100
(II) FOR A FIRST OFFENSE THAT DID NOT INVOLVE	112
PHYSICAL INJURY TO ANOTHER PERSON OR DAMAGE TO ANOTHER PERSON'S	113
PROPERTY, SHALL BE SUBJECT TO A FINE OF NOT MORE THAN \$500 OR	114
IMPRISONMENT FOR NOT MORE THAN 90 DAYS, OR BOTH;	
(2) For a second offense, shall be subject to a fine	117
of not more than \$1,000, or imprisonment for not more than 2	118
years, or both; and	
(3) For a third or subsequent offense, shall be	121
subject to a fine of not more than \$2,000, or imprisonment for	123
not more than 3 years, or both.	124
Article - Courts and Judicial Proceedings	127
	- •
4-302.	120

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(e) (l)	The Distric	t Court	is deprive	ed of	jurisdiction	if a	134
defendant is	entitled	to and	demands a	jury	trial at any	time	135
prior to tria	l in the Dis	trict Co	ourt.				

- (2) (i) Except as provided in subparagraph (ii) of 138 this paragraph, unless the penalty for the offense with which the 139 defendant is charged permits imprisonment for a period in excess 140 of 90 days, a defendant is not entitled to a jury trial in a 141 criminal case.
- (ii) Notwithstanding the provisions of 144 subparagraph (i) of this paragraph, the presiding judge of the 145 District Court may deny a defendant a jury trial if: 146
- 1. The prosecutor recommends in open 149 court that the judge not impose a penalty of imprisonment for a 150 period in excess of 90 days, regardless of the permissible 151 statutory or common law maximum;
- 2. The judge agrees not to impose a 154 penalty of imprisonment for a period in excess of 90 days; and 155
- 3. The judge agrees not to increase the 158 defendant's bond if an appeal is noted.
 - (iii) The State may not demand a jury trial. 162
- SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall 167 take effect July 1, 1988.

Appendix II.

Final Report on Drug and Alcohol Education and Disciplinary Policy in Maryland's Schools

FINAL REPORT TO THE

SPECIAL COMMITTEE ON DRUG AND ALCOHOL ABUSE

ON DRUG AND ALCOHOL EDUCATION AND

DISCIPLINARY POLICY

IN MARYLAND'S PUBLIC SCHOOLS

NOVEMBER 1987

RESEARCH DIVISION
DEPARTMENT OF LEGISLATIVE REFERENCE
90 STATE CIRCLE
ANNAPOLIS, MARYLAND 21401

ACKNOWLEDGEMENTS

This paper was written and researched by Elizabeth Sammis, Research Division. Questions concerning the findings presented here may be directed to her (841-3875).

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INTRODUCTION

The Special Committee on Drug and Alcohol Abuse expressed concern with the treatment of juvenile drug and alcohol abusers, prevention tactics and the enforcement of drug and alcohol laws. The Committee reasoned that the schools should play a major role in prevention, treatment and enforcement in the adolescent population. While the State Board of Education has set guidelines for Local Education Agencies and schools, the actual day to day activities in these areas is unknown to the Committee or the Legislature as a whole. In order to understand school activity in prevention, treatment and enforcement, the Committee decided it was necessary to survey the Local Education Agencies and Maryland's public schools.

To this end, the Special Committee requested the Research Division, Department of Legislative Reference to survey the Local Education Agencies and a sample of public schools. The Special Committee emphasized that the survey should provide the following information:

- -- the grades that have drug and alcohol curriculum units;
- -- the amount of time devoted to drug and alcohol education;
- -- the extent to which members of the community participate in drug and alcohol education in the classroom;
- --the curriculum used in the classroom for drug and alcohol education;
- --discipline policy;
- --the number of students disciplined for drug and/or alcohol use, possession or distribution; and
- --teacher and staff training in drug and alcohol education.

In Maryland, there are 166 high schools, 201 middle and junior high schools and 24 Local Education Agencies. The Research Division drafted and then circulated a survey to 87 high schools (52.4% of all high schools), 89 middle schools and junior high schools (44.2% of all middle and junior high schools) and all the Local Education Agencies (See Appendix). The Committee agreed to limit the survey to high schools, middle schools and junior high schools in part to keep the task manageable but also

to obtain additional information not readily available from the Local Education Agencies on school practice during the adolescent years when drug and alcohol use increases.

From the sample, 59 high schools, 64 middle and junior high schools and 23 Local Education Agencies returned the survey. This represents a response rate of 67.8% for the high schools, 71.9% for the middle schools and 95.8% for the Local Education Agencies.

The following report summarizes the information obtained from the schools that responded by mid-September. The results of the high school, middle and junior high school, and the Local Education Agencies survey are discussed separately. The final section offers an overview and comparison of the compiled data.

EXECUTIVE SUMMARY

- --In most jurisdictions, drug and alcohol education begins in kindergarten and constitutes a part of a mandatory course offering through the 8th grade. The median number of courses providing drug and alcohol education was 2 among middle and junior high schools and 4 among the high schools. Typically, for all grades, health and science courses cover this topic and a county developed curriculum in used.
- --Summing the hours spent in drug and alcohol education in the last academic year for each school level, the median number of hours spent was 29.5 for high school, 20 for middle and junior high schools and 40 for elementary schools.
- --High schools draw more on non-school personnel for drug and alcohol education than middle, junior high or elementary schools. The most typical participants are the police.
- --Despite these general patterns, the number of mandatory and elective courses that include drug and alcohol education and the number of hours spent on this topic varies greatly, particularly during the high school years.
- --The discipline policy proved fairly uniform across the schools and Local Education Agencies. A student caught using or possessing drugs/alcohol for the first time faces suspension and on a subsequent offense expulsion. Typically, the schools refer such students to counseling and report the student to the police.
- --The percentage of the student body disciplined for drug/alcohol use, possession or distribution was quite small (well under 1% of the student body). More high schools reported disciplinary action (86.1%) than middle or junior high schools (54.2%).
- --More high school students were referred to counseling than were disciplined (i.e. suspended or expelled). However, the percentage of schools that referred students to counseling (71.7%) was lower than the percentage that reported disciplinary action (86.1%). While there is some variation, most schools pursue other avenues apart from disciplinary action to curb substance abuse problems among their students.
- --18 Local Education Agencies have no continuing education requirements for their teachers in drug and alcohol education. Despite this, 67.3% of the high schools sampled and 69.8% of the middle and junior high schools report that at least one teacher participated in a drug and alcohol education training program during the last academic year.

HIGH SCHOOLS

The 59 schools that responded to this survey are located throughout the state (See Table 1). Schools from Maryland's most populous counties (Anne Arundel County, Baltimore City, Baltimore County, Howard County, Montgomery County and Prince George's County) comprised 52.7% of the sample. The respondent high schools range in size from 253 to 2563 students, with a median of 1136 students. Among these schools, the median drop-out rate for the 1986-1987 academic year was 4% and the median percentage of students applying to college was 40%.

The survey asked the schools to provide information on drug and alcohol education, discipline, and staff training. The results in each of these areas are discussed below.

DRUG AND ALCOHOL EDUCATION IN HIGH SCHOOL

All schools had at least one course devoted to drug and alcohol education between the 9th and 12th grade with a median of 4 courses (See Table 2). But the number of courses varied a great deal among the schools. Over half offered drug and alcohol education in 1 to 4 courses (59.6%), 24.6% in 5 to 8 courses and 15.9% in more than 5 courses.

Most schools included drug and alcohol education in science and health courses. In fact, only 2 schools did not cover drug and alcohol education in science or health. Half the schools provided drug and alcohol education in both science and health, 21.1% in health but not science, and 24.6% in science but not health (See Table 3). Slightly more than 1/3 of the schools offered health and science only once between the 9th and 12th grade with some time devoted in the course to drug and alcohol education.

Some schools offered drug and alcohol education in courses other than health and science. About a third (31%) covered this topic in physical education and 40.7% in an unspecified course (e.g. psychology).

The schools provided drug and alcohol education in mandatory courses, elective courses and in both. About a quarter (23.9%) covered this topic in mandatory courses, 32.6% in elective courses and 43.5% in both (See Table 4). This implies that in nearly a third of the high schools a student could complete the entire four years without any drug or alcohol education. For those schools that emphasize this as part of elective courses,

the number of available courses effects the likelihood that a student will receive drug or alcohol education.

The schools devoted only a few hours during the academic year to drug and alcohol education in either mandatory or elective courses. The median number of hours spent on this topic in mandatory courses was 10 and for elective courses 8. Combining the number of hours for elective and mandatory courses, the median number of hours devoted to drug and alcohol education for the entire four year period was 29.5 (See Table 5). Again, there was wide variation in the number of hours spent on drug and alcohol education, from a low of 2 to a high of 444.

Among the schools that provided information on the curriculum used for drug and alcohol education, most utilized a curriculum developed by the county for this purpose. Others reported that they drew on chapters included in health and science textbooks (See Table 6).

At some point between 9th and 12th grade, 76.3% report that the police participated in classroom drug and alcohol education. Similarly, over the high school years at some point 37.3% reported that parents participated in the classroom, 43.9% reported that community leaders participated, and 40.7% reported that recovering addicts participated (See Table 7).

Apart from the structured questions, some schools offered more qualitative information on drug and alcohol prevention efforts. The respondents pointed out that the schools organize assemblies on this topic. Typically, community leaders, police and recovering addicts discuss substance use and abuse with high school students in this forum. In addition, some respondents pointed out that peer groups, such as SADD, operate in the high schools. The respondents cited both activities as an important component of their prevention efforts.

Most schools report that some teachers participated in a drug and alcohol education training program during the 1986-1987 academic year (See Table 8). The median percentage of full-time teachers who participated in such a program was 4.3%. Nonetheless, in nearly a third (32.7%) none of their teachers participated in a training program.

The survey prompted the schools for similar information for counselors and administrators. For counselors, the median percentage that participated in a training program was 36.7%. If 46% of the schools, none of their administrators participated in a training program.

The survey solicited qualitative information on this topic as well. Some respondents pointed out that for certification teachers had to complete a course on drug and alcohol education.

A few respondents, though, suggested that this was an area that deserved greater attention. One respondent felt that teachers, administrators and counselors did not have the background to identify substance abuse or provide adequate education on this topic. Other respondents who had completed a training program cited programs that they felt were exemplary: programs offered by the Chemical People and Anne Arundel County.

DISCIPLINE POLICY

Turning to the question of discipline, the schools were asked to report the number of students detained, suspended and expelled for drug and/or alcohol use, possession and distribution. Under one percent (median=0.55%) of the student body received disciplinary action for such activity (Table 9). Indeed, 13.9% of the schools reported that no student had been disciplined for such activity. On the other hand, a quarter noted that over 1% of their student body had been disciplined for drug or alcohol use, possession or distribution. None of the independent variables (e.g. number of students, county, race, drop-out rate, number of hours spent on drug and alcohol education) explained the already limited variance in the number of students disciplined for such activity.

This small percentage is perhaps surprising in light of the prevalence of drug and alcohol use among Maryland adolescents (See Maryland's Department of Health and Mental Hygiene's survey). At least two competing hypotheses, that cannot be fully tested with the data presented here, might account for this discrepancy: substance use may be primarily experimental and restricted to social activities outside the schools or the schools might be ineffective in detecting substance use and/or possession among adolescents.

In this school sample, 53 students received treatment from a hospital for substance abuse (18.5% of the total number of students disciplined) and 38 were treated in a residential facility (13.3%). However, more students received counseling for substance use or abuse than were disciplined (417 vs 285). Still, under one percent of the student body (median=0.55%) was referred to counseling for drug/alcohol use or possession (See Table 9A). Although fewer schools reported that they referred students to counseling (71.7%) than reported disciplinary action (86.1), some schools pursue other avenues apart from disciplinary action to curb substance abuse problems among their students. While far from conclusive, this provides some evidence that the schools are effective in detecting substance abuse problems.

Most schools distinguish between a first and second offense for drug or alcohol use and possession. Typically, for a first

offense the schools suspend the student and recommend expulsion only after a subsequent offense. For distribution, though, the schools recommend expulsion with the first offense.

Half the schools refer students to counseling the first time they are caught using drugs or alcohol. Most schools (62.1%) report these students to the police. A little over half of the schools require mandatory treatment for substance use/abuse as a condition for readmission.

In virtually all the schools an administrator (the principal) has the authority to decide what course of action should be followed when a student is suspected of using, possessing or distributing drugs. The administrator, and not the teacher, notifies the proper individuals (e.g. parents).

Some schools offered a qualitative assessment of their disciplinary policy. The respondents felt that the discipline policy was effective in reducing the drug and alcohol problem on school premises although some pointed out that this did not extend to the community as a whole. One respondent suggested that the drug and alcohol problem has shifted from the schools to the community.

A respondent in Washington County mentioned a disciplinary action that in his view was particularly effective. The police in this county apparently issue "tickets" to those caught using drugs or alcohol. The "ticket" requires the individual to receive counseling.

The majority of schools interact with the Department of Health and Mental Hygiene (74.6%) and the Juvenile Services Administration (56.9%). A little over half the schools (57.6%) hold community meetings to discuss substance use/abuse issues. Some noted that these meetings were well attended and had proven successful while others remarked that attendance was poor.

MIDDLE AND JUNIOR HIGH SCHOOLS

Unlike the high schools, the majority of the 64 middle and junior high schools that responded to this survey are situated in Maryland's less populous counties (Table 1). Only 43.8% of these schools are located in Anne Arundel County, Baltimore City, Baltimore County, Howard County, Montgomery County or Prince George's County. The schools range in size from 122 students to 1088 with a median of 580 students.

DRUG AND ALCOHOL EDUCATION

Turning to drug and alcohol education, at least one course between the 7th and 8th grade included this subject (See Table 10). The median number of courses was two. As with the high schools, drug and alcohol education occurred in health and science courses (See Table 11). Some incorporated drug and alcohol education only in health (31.1%) or science (32.7%) while the remaining schools covered this in health and science courses (36.2%). A few schools included drug and alcohol education in physical education (34.4%) or other courses (12.5%).

In the 7th and 8th grades, a mandatory course incorporates drug and alcohol education. The majority of schools (80.7%) include this topic only in a mandatory course while 15.7% include it in both a mandatory and elective course (See Table 12). This suggests that a student cannot complete 7th and 8th grade without receiving some drug and alcohol education.

Middle and junior high schools devote more hours to drug and alcohol education than the nigh schools. The median number of hours spent on this in the 7th and 8th grade combined was 20 per year (See Table 13). The number of hours fluctuated between the schools from a low of 6 to a high of 2735.

Many schools did not indicate the curriculum utilized for drug and alcohol education. Of those responding to this question, most used a curriculum developed by the County followed by a science or health text, SMART, and Here's Looking at You, Two (See Table 14).

In the 7th and 8th grades, counselors participated in classroom drug and alcohol education. Their participation was higher in the 7th grade (48.4%) than in the 8th grade (34.4%). Few schools utilized parents, community leaders or recovering addicts in the classroom. Many schools invited the police to participate in classroom drug and alcohol education in the 7th grade (54.7%) and 8th grade (45.3%) (See Table 15).

A few respondents mentioned additional prevention efforts in their schools. These included assemblies, parent support groups, and Just Say No clubs. The respondents felt that these activities would prove effective in the long-run.

In terms of teacher training, 30.2% of the schools reported that their teachers had not participated in a training program for drug and alcohol education during the 1986-1987 academic year. The median percentage of teachers who received training in each school was 4.7% (See Table 16). With regard to counselors, participation in a training program varied: 41.3% of the schools reported that none of their counselors had participated in a training program and 58.2% noted that at least one of their counselors had participated. As with the high schools, some respondents felt that this was an area that deserved greater attention.

DISCIPLINE POLICY

Fewer students were suspended or expelled for drug and/or alcohol use, possession or distribution than among the high schools. Indeed, 45.8% (vs 13.9% of the high schools) of the schools had no suspensions or expulsions for such activity. In terms of the percentage of the student body disciplined, more than half disciplined more than 0.2%. Only 12.8% of the schools disciplined more than 1% of their student body (See Table 17).

Among these schools, only 10 students received treatment at a hospital for substance use/abuse and 4 at a residential facility. Seventy-four students received counseling.

As was the case with high schools, these schools distinguished between a first and subsequent offense for the use or possession of alcohol or drugs. On the first offense the student would be suspended and for subsequent offenses the school would recommend expulsion. These schools are more likely to refer a student to counseling for the first offense (60.9%) than for subsequent offenses (48.4%). About half the schools report a student to the police for drug or alcohol use or possession.

Similar to the high schools, in these schools the administrator has the authority to decide what course of action to follow when a student is suspected of using, possessing, or distributing drugs or alcohol. Teachers and counselors would not contact non-school personnel.

Several respondents noted that the discipline policy has been effective in keeping drug and alcohol use, possession and distribution out of the schools.

The majority of these schools interact with the Department of Health and Mental Hygiene and the Juvenile Services Administration. Most schools hold community meetings to discuss substance use/abuse issues.

LOCAL EDUCATION AGENCIES

The survey circulated to the Local Education Agencies solicited information on drug and alcohol education and an overview of disciplinary action and policy. The information obtained from the 23 responding Local Education Agencies parallelled the results obtained from the high schools, middle and junior high schools. For this reason, this section will emphasize the information provided on drug and alcohol education in the elementary schools as well as information obtained from the survey that applies to all schools.

EDUCATION AND DISCIPLINE IN ELEMENTARY SCHOOLS

Among these 23 jurisdictions, the median number of elementary schools was 14.5. The actual number ranged from 4 to 119. The median number of elementary students in these jurisdictions was 6120. The actual number ranged from 959 to 61100.

Drug and alcohol education begins in kindergarten in 17 jurisdictions. Of the remaining 6, 3 begin such education in the first grade, 1 in the third and 2 in the fifth grade. Drug and alcohol education occurs in mandatory courses for grades k through 6.

As was the case for the high schools and the middle and junior high schools, drug and alcohol education in elementary school is included in health and science. In 10 jurisdictions, drug and alcohol education is only part of a health course during elementary school and 6 include this only in science. Five jurisdictions include drug and alcohol education in health and in science (See Table 19).

The number of hours devoted to drug and alcohol education ranged among the jurisdictions from 5 hours per year for all elementary grades to 140. The median was 40.

Many Local Education Agencies did not provide information on the curriculum used for drug and alcohol education. Of those responding, 5 used a county curriculum between kindergarten and 5th grade, 2 used units in a health or science text, and 3 Here's Looking At You, Two. However, the curriculum became more varied in the sixth grade. During this grade, only 2 Local Education Agencies reported that a county curriculum was used, 1 a unit in a health text, 3 Here's Looking at You Two, 7 SMART, 1 QUEST and 1 ALCOHOL.

The Local Education Agency survey facilitates a comparison among the elementary, middle and junior high, and high schools on

the inclusion of drug and alcohol education in mandatory and elective courses. Between kindergarten and 8th grade, this topic is included in mandatory courses. This pattern changes with high school. By the 9th grade, only 11 Local Education Agencies report that drug and alcohol education takes place in mandatory courses. By the 10th grade this drops to 5. With the 10th grade, drug and alcohol issues receive attention primarily in elective courses (See Table 20).

Disciplinary action among elementary students for drug or alcohol use, possession or distribution was negligible. Nineteen reported no suspensions and 21 no expulsions among the elementary student population.

GENERAL TRAINING AND DISCIPLINE POLICY

The survey also asked the Local Education Agencies to note the number of school personnel who had received training and continuing education requirements for in drug and alcohol education. Three noted that none of their teachers received any training during the 1986-1987 academic year (See Table 20), 10 reported none of their counselors and 8 none of their administrators. The median percentage of the entire teaching staff that received training was 12.1%. With regard to continuing education requirements, 18 had none for teachers.

With a first offense for the use of drugs or alcohol, 21 reported that the student would be suspended and only 2 would recommend expulsion. More Local Education Agencies expel a student on a first offense for the possession (5) or distribution of drugs or alcohol (17).

Following a first offense, 16 Local Education Agencies refer the student to counseling. Ten report the student to the police. With a subsequent offense, fewer Local Education Agencies refer the student to counseling (13).

As a condition for readmission, 18 Local Education Agencies require mandatory treatment for students disciplined for drug and/or alcohol use, possession or distribution.

CONCLUSION

In Maryland, most counties begin drug and alcohol education in kindergarten. The number of hours spent on this topic per year varies. Taking the median number of hours spent on this subject for each school level and dividing it by the number of grades indicates that middle and junior high schools spend more time on drug and alcohol education (10 hours/year/grade) than high schools (7.4 hours/year/grade) or elementary schools (5.7 hours/year/grade). As previously discussed, within each grade level the data points to wide variation.

While this topic is included in mandatory courses between kindergarten and 8th grade, it is more likely to be included in an elective course by high school. All students who complete kindergarten to 8th grade will receive some drug and alcohol education although the exact number of hours will vary. In the high school sample, 67.4% of the schools reported that a mandatory course offered drug and alcohol education. Students in these schools will receive some drug and alcohol education. However, in 32.6% of the high schools, drug and alcohol education is only included in an elective course. Hypothetically, students in schools that only offer drug and alcohol education as a part of an elective course could complete high school without any additional education on this topic. Drug and alcohol education is more likely to be part of an elective course just as the use and discipline of drugs and alcohol increases among adolescents.

Health and science courses include drug and alcohol education. Many schools utilize a curriculum developed by their county to address this subject. Teachers at the high school level are more likely to include non-school personnel in classroom drug and alcohol education than their elementary, middle or junior high school counterparts. The participation of non-school personnel varies among the high schools. While the majority drew on the police, less than half included parents, community leaders or recovering addicts.

The variation in the number of hours spent on drug and alcohol education, the number of mandatory and elective courses that include this topic, and the participation of non-school personnel suggest that the quantity and quality of such education is not uniform across Maryland schools.

Most Local Education Agencies have no continuing education requirements for drug and alcohol education for their teachers. Despite this, 67.3% of the high schools sampled and 69.8% of the junior high and middle schools sampled report that at least one teacher participated in a drug and alcohol education training program during the 1986-1987 academic year.

All three surveys summarized here indicate a rather uniform disciplinary policy among Maryland's schools. Most schools and Local Education Agencies reported that they suspend a student for the use or possession of drugs or alcohol with a first offense and expel a student who distributes these substances. For subsequent offenses, the school recommends expulsion. The majority refer the student to counseling and to the police.

More students were disciplined for drug/alcohol use, possession or distribution in high schools than middle or junior high schools or elementary schools. Virtually all the Local Education Agencies reported that no elementary school student had been disciplined for such activity during the 1986-1987 academic In the school sample, 86.1% of the high schools and 54.2% of the middle schools reported some disciplinary action. Nonetheless, the percentage of the student body subjected to disciplinary action was under 1%. While the high schools referred more students to counseling than were disciplined this still represented a small percentage of the student body (median=0.55%). It is unclear from this data if the small percentage of students disciplined by the schools or referred to counseling indicates that for the majority of Maryland's adolescents substance use is primarily experimental or if the schools are ineffective in detecting substance abuse among their However, while far from conclusive, since some schools refer more students to counseling than are disciplined, this suggests that the schools may be effective in detecting substance abuse among their students and that they pursue a course of action to prevent subsequent disciplinary action.

TABLE 1: GEOGRAPHIC LOCATION OF RESPONDENT SCHOOLS

COUNTY	HIGH SCHOOLS	MIDDLE AND JUNIOR HIGH SCHOOLS
ALLEGANY	0	2
ANNE ARUNDEL	5	4
BALTIMORE CITY	5	2
BALTIMORE COUNTY	7	3
CALVERT	1	2
CAROLINE	ī	2
CARROLL	ī	4
CECIL	ī	0
CHARLES	2	2
DORCHESTER	1	. 0
FREDERICK	2	2
GARRETT	2	2
HARFORD	4	3
HOWARD	2	2
KENT	1	4 .
MONTGOMERY	4	5
PRINCE GEORGE'S	8	12
QUEEN ANNE	0	3
ST. MARY'S	2	2
SOMERSET	1	2
TALBOT	3	1
WASHINGTON	3	2
WICOMICO	1	2 0
WORCHESTER	2	0
TOTAL	59 .	64

TABLE 2: NUMBER OF MANDATORY AND ELECTIVE COURSES THAT PROVIDE DRUG AND ALCOHOL EDUCATION, 9TH THROUGH 12TH GRADE

NUMBER OF COURSES	PERCENTAGE OF SCHOOLS	
1	14	
. 2	12.3	
3	10.5	
4	22.8	
5	8.8	
6	10.5	
7	3.5	
8	1.8	
9	5.3	
10	1.8	
12	7	
13	1.8	

TABLE 3: NUMBER OF HIGH SCHOOL SCIENCE AND HEALTH COURSES WITH DRUG AND ALCOHOL EDUCATION

		SCIENCE			
	NONE	1	2	3	4
HEALTH					
NONE	3.5%	14%	3.5%	3.5%	3.5%
1	10.5	19.3	5.3	0	. 0
2	3.5	3.5	5.3	3.5	0
3	1.8	0	0	1.8	1.8
4	5.3	1.8	3.5	0	5.3

TABLE 4: HIGH SCHOOL MANDATORY AND ELECTIVE COURSES WITH DRUG AND ALCOHOL EDUCATION

•	ELECTIVE		
	NO	YES	
MANDATORY		•	
NO	0	32.6%	
YES	23.9%	43.5%	

TABLE 5: TOTAL HOURS PER YEAR OF DRUG AND ALCOHOL EDUCATION 9TH THROUGH 12TH GRADE COMBINED IN MANDATORY AND ELECTIVE COURSES

HOURS	PERCENT OF SCHOOLS
2 · 3 4 5	4.3 2.2 6.5 4.3
8	4.3
10	6.5
15 ·	4.3
20	4.3
23 24	2.2
25	4.3
28	2.2
29	2.2
30	8.7
35	4.3
40	10.9
45	2.2
48	2.2
49 50	2.2 2.2
59	2.2
69	2.2
80	2.2
100	4.3
170	2.2
276	2.2
444	2.2

AVERAGE=47.3 MEDIAN=29.5 STANDARD DEVIATION=76.4

TABLE 6:CURRICULUM USED IN HIGH SCHOOL DRUG AND ALCOHOL EDUCATION (NUMBER OF SCHOOLS)

9	TH GRADE	10TH GRADE	11TH GRADE	12TH GRADE
COUNTY CURRICULUM SCIENCE OR	9	15	14	13
HEALTH TEXT HERE'S LOOKING	9	9	5	7
AT YOU, TWO	1	1	2	2
OTHER	3	6	1	0
NONE PROVIDED	37	28	37	37

TABLE 7: PARTICIPATION OF NON-SCHOOL PERSONNEL IN CLASSROOM DRUG AND ALCOHOL EDUCATION, HIGH SCHOOL

	YES	ИО
PARENTS	37.3%	62.7%
POLICE	76.3	23.7
COMMUNITY LEADERS	43.9	56.1
RECOVERING ADDICTS	40.7	59.3

TABLE 8: PERCENT OF HIGH SCHOOL FULL-TIME TEACHING STAFF WHO PARTICIPATED IN DRUG AND ALCOHOL EDUCATION TRAINING DURING THE ACADEMIC YEAR 1986-1987

PERCENT OF TEACHING	PERCENT OF
STAFF	SCHOOLS
NONE	32.7%
UNDER 5%	24.4
5 - 11	26.6
OVER 11	16.3

TABLE 9: PERCENT OF HIGH SCHOOL STUDENT BODY DISCIPLINED FOR DRUG AND/OR ALCOHOL USE, POSSESSION OR DISTRIBUTION

PERCENT OF STUDENT BODY	PERCENT OF SCHOOLS
0	13.9
0.1 - 0.5	30.5
0.55- 0.97	30.6
OVER 1	25

TABLE 9A: PERCENT OF HIGH SCHOOL STUDENT BODY REFERRED TO COUNSELING FOR DRUG AND/OR ALCOHOL USE, POSSESSION OR DISTRIBUTION

PERCENT OF STUDENT	BODY	PERCENT	OF SCHOOLS
0			28.3
0.1 - 0.5			22.6
0.52- 0.9			22.7
OVER 1			26.4

TABLE 10: NUMBER OF MANDATORY AND ELECTIVE COURSES PROVIDING DRUG AND ALCOHOL EDUCATION, 7TH AND 8TH GRADE

NUMBER	OF	COURSES	PERCENT	OF	SCHOOLS
	1			31.	. 3
	2			23.	. 4
	3			14.	. 1
	4			10.	. 9
	5			4.	. 7
	6			15	7

AVERAGE=2.8 MEDIAN=2 STANDARD DEVIATION=1.9

TABLE 11: SCIENCE AND HEALTH COURSES THAT INCLUDE DRUG AND ALCOHOL EDUCATION, 7TH AND 8TH GRADES

	HEALTH			
	NONE	1	2	3
SCIENCE				
NONE	1.5%	17.1%	12.5%	1.5
1	23.4	7.8	1.5	0
2	7.8	6.3	17.1	0
3	1.5	0	0	1.5

TABLE 12: MANDATORY AND ELECTIVE COURSES WITH DRUG AND ALCOHOL EDUCATION, 7TH AND 8TH GRADE

	ELEC	ELECTIVE		
	NO	YES		
MANDATORY				
NO	0 %	3.5%		
YES	80.7	15.7		

TABLE 13: HOURS PER YEAR SPENT ON DRUG AND ALCOHOL EDUCATION IN MANDATORY COURSES, 7TH AND 8TH GRADE

HOURS	PERCENT OF SCHOOLS
6	1.7
8	1.7
10	10.3
12	3.4
14	3.4
15	8.6
16	1.7
18	1.7
19	1.7
20	17.2
22	1.7
24	1.7
25	1.7
30	10.3
32	1.7
35	1.7
36	1.7
50	1.7
54	1.7
60	3.4
70	3.4
84	1.7
106	1.7
110	1.7
120	1.7
270	1.7
2735	1.7

AVERAGE=85.5 MEDIAN=20 STANDARD DEVIATION=59.1

TABLE 14: CURRICULUM USED IN DRUG AND ALCOHOL EDUCATION, 7TH AND 8TH GRADE (NUMBER OF SCHOOLS)

	7TH	8TH
COUNTY CURRICULUM SCIENCE AND HEALTH	14	13
TEXT	9	4
ALCOHOL	6	0
SMART	8	6
HERE'S LOOKING AT		
YOU, TWO	4	3
JUST SAY NO	1	1
OTHER	6	11
NONE PROVIDED	16	26

TABLE 15: PARTICIPATION OF NON-SCHOOL PERSONNEL IN CLASSROOM DRUG AND ALCOHOL EDUCATION, 7TH AND 8TH GRADE

	7TH GR	7TH GRADE		ADE
	YES	ИО	YES	ИО
PARENTS COMMUNITY	32.8%	67.2%	29.7%	70.3%
LEADERS	25	75	21.9	78.1
POLICE RECOVERING	54.7	45.3	45.3	54.7
ADDICTS	20.3	79.7	15.6	84.4

TABLE 16: PERCENT OF FULL-TIME MIDDLE AND JUNIOR HIGH SCHOOL TEACHERS WHO PARTICIPATED IN DRUG AND ALCOHOL EDUCATION TRAINING DURING THE ACADEMIC YEAR 1986-1987

PERCENT OF STAFF	PERCENT	OF	SCHOOLS	3
NONE		30.	2	
UNDER 5%		20.	7	
5 - 11 %		13.	3	
OVER 11%		35.	8	

TABLE 17: PERCENT OF MIDDLE AND JUNIOR HIGH SCHOOL STUDENT BODY DISCIPLINED FOR DRUG AND/OR ALCOHOL USE, POSSESSION OR DISTRIBUTION

PERCENT OF STUDENTS	PERCENT OF SCHOOLS
NONE	45.8
0.1 - 0.5	40.6
0.6 - 0.9	8.5
OVER 1%	E 1

AVERAGE=0.228%
MEDIAN=0.1%
STANDARD DEVIATION=0.31

TABLE 18: NUMBER OF HOURS DEDICATED TO DRUG AND ALCOHOL EDUCATION, KINDERGARTEN THROUGH 6TH GRADE

HOURS	PERCENT OF LOCAL EDUCATION AGENCIES
5 19	4.8
	4.8
20	4.8
22	4.8
22.8	4.8
25	4.8
29	4.8
34.5	4.8
36	4.8
40	9.5
48	4.8
67.5	4.8
70	9.5
80	. 4.8
91	4.8
105	4.8
108	4.8
113	4.8
140	4.8

MEAN=56.4 MEDIAN=40 STANDARD DEVIATION=37.7

TABLE 19: HEALTH AND SCIENCE COURSES THAT INCLUDE DRUG AND ALCOHOL EDUCATION, ELEMENTARY SCHOOL (NUMBER OF LOCAL EDUCATION AGENCIES)

	HEALTH				
COTTUOD	NONE	2	3	6	7
SCIENCE NONE	2	1	0	1	8
1	1	0	1	1	1
2	2	0	0	0	0
4	0	0	1	0	0
6	1	0	0	0	0
7	2	0	0	0	1

TABLE 20: DRUG AND ALCOHOL EDUCATION IN MANDATORY AND ELECTIVE COURSES, KINDERGARTEN THROUGH 12TH GRADE (NUMBER OF LOCAL EDUCATION AGENCIES)

	MANI	DATORY		ELECTIVE		
	YES	ИО		YES	NO	
K	15	7		2	21	
1	17	5		2	21	
2	16	6		2	21	
3	17	5		3	20	
4	15	7		3	20	
5	20	2		3	20	
6	19	3		3	20	
7	15	7		5	18	
8	16	6		3	20	
9	11	11		10	13	
10	5	17		13	10	
11	2	. 20	•	16	7	
12	3	19		15	8	

APPENDIX I: SCHOOL SAMPLE

The schools were selected from a listing of all Maryland secondary, middle schools and junior high schools. In jurisdictions with both middle and junior high schools, only junior high schools were selected. From the list, every other school was selected for the sample. This rule was violated in rural counties, though, in order to assure that these areas would not be underrepresented. The following number of surveys were sent to middle, junior and high schools in each county:

	HIC SCHO			IOR HIGH CHOOLS	MIDI SCHO	
ALLEGANY	1	(3)	3	(5) (COMBINATION)	1	(3)
ANNE ARUNDEL	6	(13)	4	(8)	0	(9)
BALTIMORE CITY	9	(19)	3	(5)	Ö	(21)
BALTIMORE COUNTY	9	(20)	3	(6)	Ö	(10)
CALVERT	2	(2)	3	(3)	Ö	(10)
CAROLINE	2	(2)	0		2	(2)
CARROLL	2	(5)	0		2	(7)
CECIL	2	(3)	1	(2) (COMBINATION)		(4)
CHARLES	2	(4)	0	. , , ============	3	(6)
DORCHESTER	2	(2)	0		2	(2)
FREDERICK	4	(8)	0		4	(8)
GARRETT	4	(4) (M	ID) 0		ō	(0)
HARFORD	4	(8)	0		3	(7)
HOWARD	4	(8)	0		5	(10)
KENT	1	(1)	0		3	(3)
MONTGOMERY	10	(22)	9	(18)	0	(3)
PRINCE GEORGE'S	10	(20)	0	•	13	(27)
QUEEN ANNE'S	1	(1)	0		3	(3)
ST. MARY'S	3	(3)	0		2	(4)
SOMERSET	2	(2)	0		2	(2)
TALBOT	2	(2)	0		2	(2)
WASHINGTON	4	(8)(1	MID)	0	3	(7)
WICOMICO	3	(3)	2	(3)	0	\ <i>'</i> /
WORCHESTER	3	(3)	0	, ,	2	(3)

NOTE: NUMBERS IN PARENTHESES INDICATE TOTAL NUMBER OF SCHOOLS IN THIS CATEGORY IN EACH JURISDICTION.

School High Schools	№59				
Grades included at the	nis school	(e.g. 9	-12)		
Staff Contact (include	de phone nu	mber)			
×					_
1. Number of student Mean - 1167 Median -	ts enrolled 1136 Stand	during	the 1986	5-1987 academi 2	c year.
2. Please provide the ethnic/racial grouping	he number o	f studer ent)	nts in th	ne following	
	M	lean	Median	Standard Deviat	ion
	White 6	9.6	78.6	27.6	
	Black 2	7.2	19.8	26.9	
	Hispanic	2.5	.3	11.8	
	Asian	1.7	.5	3.3	
	Other	.2	0	. 4	
3. Please provide the categories for the 19	he number o 986-1987 ac	f teach	ers emplo year.	yed in the fo	ollowing
		,	_	Standard Devi	ation
	Full-Time_	62.3	59	29.2	
·	Part-Time_	3.7	2	10.5	
	Substitute	NA			
	Other				
4. Please provide the	he number o	f admin	istrators	employed in	the :
following categories	•	Mean	Media	n Standard	Deviation
	Principal_	1	1	- 	0
·	Vice-Princ	ipal_2.5	2		1.2
	Counselors	3.5	3	****	1.8
	Health Pro	fession	als <u>.</u> 7 1		.8
. 5 5	Other	. 4	0		.8

5. If known, please provide the following information on educational attainment.

6. Indicate the course(s) where drug and alcohol education occurs.

	7	8	9	10	11	12
Health			42.1	36.8	33.3	33.3
Sciences			33.3	68.4	19.3	21.1
Physical Education			24.6	22.8	21.1	17.5
Other			17.5	28.1	28.1	31.6

Percent Indicating 'Yes'

7. For the following grades applicable to your school, please indicate the type of curriculum used, e.g. "Here's Looking at You," "Maryland Drug and Alcohol Abuse," etc.

7										
8										
9										
	County	Curriculum =	15.3%	Health	Text	= 11	. 9%	Science	Text	= 3.4%
10 	County	curriculum =	25.4%	Health	Text	= 6	.8%	Science	Text	= 8.5%
11		Curriculum =								
12		Curriculum =								

Please provide a description of these curricula.

8. For each grade, please indicate the number of hours spent per year on drug and alcohol education in both mandatory and elective programs.

	7	8	9	10	11	12
Mandatory			7.3/0	5.3/ 0	2.4/0	3.5/ ₀
Elective			1.5/	9.2/	7.8/ 0	9.6/

Mean/median

9. Please identify the composition of the staff involved in drug and alcohol education for each appropriate grade (for mandatory and elective programs).

	7	8	9	10	11	12
Adminis- trators			16.1	17.9	19.6	19.6
Counselors			30.4	37.5	41.1	41.1
Health Prof.			23.2	30.4	30.4	25
Teachers .			58.9	64.3	57.1	57.1
Other			5.4	10.7	10.7	8.9

Percent Indicating 'Yes'

11. Do the following types of individuals participate in your drug or alcohol education programs?

	7	8	9	10	11	12
Parent Groups			22.8	31.6	33.3	31.6
Community Leaders			24.6	29.8	36.8	35.1
Police			47.4	61.4	59.6	61.4
Recovering Addicts or Alcoholics	, .		26.3	31.6	36.8	35.1
Other (include celebrities)			29.8	35.1	38.6	38.6

Percent Indicating 'Yes' 12. How many of the following professionals have participated in drug and alcohol education training programs or awareness programs during the last academic work?

the last academic year?	Mean	Median	Standard Deviation
Teachers	9.2	2	20.3
Counselors	1.6	1	1.9
Health Professionals	.6	0	.7
Administrators	1.2	1	. 2

13. Please provide any general information on drug and alcohol education and/or staff training that may be of use to the Committee.

1

14. How many students have been disciplined in the following manner for drug or alcohol use?

	Mean	Medi	lan	Standard Deviation
Detention	.11)	.8
Suspension	4.7		3	.7
Expulsion	1.4	()	3.6
Remanded to Police	2.7)	5.1
Other	.3	()	1.5

15. How many students have been disciplined in the following manner for drug or alcohol possession?

	Mean	Median	Standard Deviation
Detention	. 2	0	1.3
Suspension	3.5	2.5	4.3
Expulsion	0.8	0	1.8
Remanded to 1	Police 1.5	0	2.5
Other	.03	0	. 2

16. How many students have been referred for treatment in the following manner for drug or alcohol use?

	Mean		Median	Standard Deviation
Hospital	.98		0	. 3
Residential	Program_	.7	0	1.2
Counseling_		7,7	5	8.4
Other		. 5	0	. 2

17. If a teacher or other schousing drugs or alcohol they wou	ol personnel ld inform:	suspects a	student	is
Counselors	48.3		Percent	

counselors	40.3	Percent
Administrators_	98.3	Indicating 'Yes'
Parents	12.1	**********
Police	5.2	
Other	10.3	

18. If a teacher or other school personnel suspects a student possesses drugs or alcohol they would inform:

Counselors	27.6	Percent
Administrators	100	Indicating 'Yes'
Parents	6.9	
Police	6.9	
Other	8.6	

19. If a student is caught using drugs on campus, for the first time, would they be:

	Referred to Counseling	50	Percent
(Notified)	Remanded to Police	62.1	Indicating 'Yes'
	Suspended	91.5	. ~
	Expelled	17.2	
	Other	6.9	

20. If a student time, would they	t is caught using drugs y be:	on campus, f	or a subsequent
I	Referred to Counseling	45.8	Percent
(Notified)	Remanded to Police	61	Indicating 'Yes'
	Suspended	49.2	
	Expelled	69.5	
	Other	3.4	
21. If a student time, would then	t is caught possessing d y be:	rugs on camp	ous, for the first
	Referred to Counseling_	52.5	- Percent
(Notified)	Remanded to Police	66.1	Indicating - 'Yes'
	Suspended	84.7	-
	Expelled	22.0	•
	Other	8.5	-
22. If a student subsequent time,	t is caught possessing d would they be:	rugs on camp	ous, for a
	Referred to Counseling_	45.8	Percent Indicating
(Notified)	Remanded to Police	61	'Yes'
	Suspended	44.1	

Expelled____

Other____

72.9

13.6

	Referred to Counseling	38.6	Percent
(Notified)	Remanded to Police	64.9	Indicating 'Yes'
	Suspended	63.2	_
	Expelled	59.6	_
	Other	10.5	
	dent is caught distributing dr	ugs on cam	pus, for a
	Referred to Counseling	35.8	
(Notified)	Remanded to Police	64.2	Indicating 'Yes'
	Suspended	37.7	_
	Expelled	81.1	
	Other	13.2	
	ction to participate in a druggram in order to be readmitted Yes 56.1%		
ction once a	No 43.9% the authority to decide on the student has been found to use		
ction once a	the authority to decide on the		
ction once a	the authority to decide on the		es drugs or Percent
ction once a	the authority to decide on the student has been found to use		s drugs or
ction once a	the authority to decide on the student has been found to use Administrator 91.2		Percent Indicating
ction once a	the authority to decide on the student has been found to use Administrator 91.2 Counselor 1.8		es drugs or Percent Indicating
	the authority to decide on the student has been found to use Administrator 91.2 Counselor 1.8 Teacher 1.8		Percent Indicating

- 27. Does your school interact with the Department of Health and Mental Hygiene to provide students with treatment?
 - 1. yes 74.6%
 - 2. no 25.4%

If yes, please indicate how______

- 28. Does your school interact with Juvenile Services Administration to provide students with treatment?
 - 1. yes 56.9%
 - 2. no 43.1%

If yes, please indicate how______

- 29. Does your school hold community meetings to discuss drug or alcohol use among students?
 - 1. yes 57.6%
 - 2. no 42.4%
- 29. Please provide, if appropriate, any other pertinent information on education and training programs. In particular, please comment on your perception of the success of these programs in preventing drug and alcohol use among your student population.

•	e			
School Middle Sch	nools N	= 64		· ·
Grades included at	this scho	ol (e.g.	9-12)7 a	nd 8
Staff Contact (incl	ude phone	number)_		
1. Number of stude	nts enrol	led durin	g the 1986-	-1987 academic year.
Mean = 601.3 Media	ın = 580	Standard De	eviation = 21	9.9
Please provide ethnic/racial group	the numberings. (in	r of stud percent)	ents in the	e following
		Mean	Median	Standard Deviation
	White	69.5	80	27.8
	Black	26.8	18.8	3.3
	Hispani	c <u>1.1</u>	0.2	2.0
	Asian	1.9	0.5	3.3
	Other	0,8	0	4.5
3. Please provide	the number	r of teac	hers employ	ed in the following
categories for the	1986-1987		=	Standard Deviation
	Full-Tir	*	35	
			1.5	
		ıteNA		2.1
		0.2	0	
	other	0.2		0.8
4. Please provide following categories	the numbers:	c of admin	nistrators	employed in the
		Mean	Median	Standard Deviation
	Principa	.9	1	.088
	Vice-Pri	ncipal 1.	3 1	.61
	Counselo	ors1.9	2	76
	Health F	rofession	nals58	<u>.6</u> 3 .59
64	Other	.14	0	.49

5. If known, please provide the following information on educational attainment.

Percentage of Students
Who go on to College NA

6. Indicate the course(s) where drug and alcohol education occurs.

	7	8	9	10	11	12
Health	56.3	43.8				
Sciences	59.4	35.9				
Physical Education	25	28.1				
Other	7.8	9.4				

Percent Indicating 'Yes'

7. For the following grades applicable to your school, please indicate the type of curriculum used, e.g. "Here's Looking at You," "Maryland Drug and Alcohol Abuse," etc.

7	County (Curriculum = 23.5%	SMART = 12.5%	ALCOHOL = 9.4%
8	County (Curriculum - 20.3%	SMART - 9.4%	Health Text = 6.3%
9				
10				
11				
12	•			
12				

Please provide a description of these curricula.

()

8. For each grade, please indicate the number of hours spent per year on drug and alcohol education in both mandatory and elective programs.

	7	8	9	10	11	12	
Mandatory	50.9/ 12	24.6/ 5					Mean/Median
Elective	2.2/	6.9/ 0					

9. Please identify the composition of the staff involved in drug and alcohol education for each appropriate grade (for mandatory and elective programs).

	7	8	9	10	11	12
Adminis- trators	25	23.4				
Counselors	48.4	34.4				
Health Prof.	29 . 7	23.4				
Teachers	78.1	62.5				
Other	10.9	6.3	·			

Percent Indicating 'Yes'

11. Do the following types of individuals participate in your drug or alcohol education programs?

	7	8	9	10	11	12	
Parent Groups	32.8	29.7					
Community Leaders	25	21.9					Percent Indicating
Police	54.7	45.3					'Yes'
Recovering Addicts or Alcoholics	20.3	15.6					
Other (include celebrities)	25	29.7					

12. How many of the following professionals have participated in drug and alcohol education training programs or awareness programs during the last academic year?

Mean Median Standard Deviation
Teachers 4.3 2 7.6

Counselors 1.9 1 6.2

Health Professionals 0.4 0 .64

Administrators 0.7 0 1.0

13. Please provide any general information on drug and alcohol education and/or staff training that may be of use to the Committee.

14. How many students have been disciplined in the following manner for drug or alcohol use?

	7	Mean	Median	Standard Deviation
	Detention	.05	0	.04
	Suspension	1.4	0	2.0
	Expulsion	0.2	0	0.7
(Notified)	Remanded to E	Police <u>.4</u>	0	1.1
	Other	.04	0	.3

15. How many students have been disciplined in the following manner for drug or alcohol possession?

		Mean	Median	Standard Deviation
	Detention	.03	0	.18
	Suspension	.79	0	1.4
	Expulsion	.1	0	.44
(Notified)	Remanded to Po	olice <u>.2</u>	0	.81
	Other	.03	0	.18

16. How many students have been referred for treatment in the following manner for drug or alcohol use?

-			
M	lean	Median	Standard Deviation
Hospital 0.	13	0	• 55
Residential P	rogram <u>,06</u>	0	.25
Counseling 1	2	0	2.0
Other	08	0	.41

17.	Ιf	а	tead	her	or	ot	her	school	personnel	suspects	а	student	is
using	dı	rug	s or	alo	coho	1	they	would	inform:				

Counselors	60.9	
Administrators	98.4	Percent Indicating 'Yes'
Parents	23.4	
Police	10.9	
Other	12.5	

18. If a teacher or other school personnel suspects a student possesses drugs or alcohol they would inform:

Counselors	40.6	
Administrators	100	Percent Indicating 'Yes'
Parents	14.1	
Police	10.9	
Other	6.3	

19. If a student is caught using drugs on campus, for the first time, would they be:

	Referred to Counseling	60.9	
(Notified)	Remanded to Police	48.4	Percent
	Suspended	84.4	Indicating 'Yes'
	Expelled	15.6	
	Other	12.5	

20. If a student time, would they	is caught using drugs be:	on campus, for a	subsequent
F	Referred to Counseling_	48.4	Percent
(Notified)	Remanded to Police	53.1	Indicating 'Yes'
	Suspended	62.5	
	Expelled	57.8	
	Other	12.5	
21. If a student time, would the	t is caught possessing y be:	drugs on campus,	for the first
	Referred to Counseling	54.7	Percent Indicating
(Notified)	Remanded to Police	48.4	'Yes'
	Suspended	81.3	
	Expelled	18.8	
	Other	12.5	
22. If a studen subsequent time,	t is caught possessing would they be:	drugs on campus,	for a
	Referred to Counseling	48.4	Percent
(Notified)	Remanded to Police	50	Indicating 'Yes'
	Suspended	57.8	
·	Expelled	60.9	

10.9

23. If a studen first time, wou		stributing drug	s on campu	s, for the
	Referred to Co	ounseling 46.9)	
(Notified)	Remanded to Po	olice59.4	; <u></u>	Percent
	Suspended	60.9)	Indicating 'Yes'
	Expelled	51.6	5	,
	Other	9.4	4	
24. If a studer subsequent time,	nt is caught dis would they be	stributing drug	us on campu	s, for a
	Referred to Co	ounseling 43.	. 8	
(Notified)	Remanded to Pe	olice57.	.8	Percent
	Suspended	46.	.9	Indicating 'Yes'
·	Expelled	65.	. 6	•
	Other	7.	.8	
25. Is it manda alcohol infracti treatment progra	on to participa	ate in a drug/a	or suspende alcohol edu	d for a drug or cation or
7	es <u>69.4%</u>			
1	To36.6%		•	•
26. Who has the action once a stalcohol?	e authority to control	decide on the a found to use o	appropriate or possess	course of drugs or
I	dministrator	93.7	·	<i>,</i> .
C	Counselor	3.2		Percent
	eacher			Indicating 'Yes'
•	Security Person			
C	ther	23.8		

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- 27. Does your school interact with the Department of Health and Mental Hygiene to provide students with treatment?
 - 1. yes 69.8%
 - 2. no 30.2%

If yes, please indicate how

- 28. Does your school interact with Juvenile Services Administration to provide students with treatment?
 - 1. yes 66.7%
 - 2. no 33.3%

If yes, please indicate how_____

- 29. Does your school hold community meetings to discuss drug or alcohol use among students?
 - 1. yes 66.7%
 - 2. no 33.3%
- 29. Please provide, if appropriate, any other pertinent information on education and training programs. In particular, please comment on your perception of the success of these programs in preventing drug and alcohol use among your student population.

Local Apegisdestive E	ducation Agency	N = 23		
	(include phone nu			· · · · · · · · · · · · · · · · · · ·
1. Please id	entify the grade l	level included	for each ty	pe of school.
(For example,	elementary school		Median	Standard Deviation
	Elementary			
	Middle			
	Junior High			÷ .
	High School			
2. Number of	students enrolled	d during the 1	986-1987 aca Median	demic year in: Standard Deviation
	Elementary		6120	
	Middle	3880.9	1804.5	5131.4
	Junior High	1294.7	0	3648
	High School	7968.6	3817.5	10044.6
3. Total nu	mber of schools in	:		·
	Elementary	29.4	16	36.5
	Middle	6.1	3	6.8
	Junior High		0	5
	High School		3.5	6.1

€,

4. Please provide the number of students in the following ethnic/racial groupings.

	Elementary	Middle School	Junior High	High School	
White	4840	1802	0	3359	<u> </u>
Black	819	393	0	537	1
Hispanic	15	6.5	0	9	1
Asian	49.5	13.5	0	2.7	1
Other	7	1.5	0	2.5	1

Median

5. Please provide the number of teachers employed in the following categories for the 1986-1987 academic year.

	Elementary	Middle School	Junior High	High School
Full-Time				
Part Time				
Substitute				
Other				

Median No. of Teachers 755

6. Please provide the number of administrators employed in the following categories:

1	Elementary	Middle School	Junior High	High School
Principal		·		
Vice-Principal				
Counselors				
Health Professionals				
Other				

Median No.
of
Administrators

7. If known, please provide the following information on educational attainment.

Drop-out rate Mean = 7.7% Median = 4.6% Standard Deviation = 6.8%

Percentage of Students
Who go on to College Mean = 47.5% Median - 45% Standard Deviation = 19.1%

8. Grade level drug and alcohol education begins. (Circle the appropriate grade) (Number of Local Education Agencies)

k 1 2 3 4 5 6 7 8 9 10 11 12 17 3

9. Grades for which drug and alcohol education are mandatory. (Circle the appropriate grade/grades) (Number of Local Education Agencies)

k 1 2 3 4 5 6 7 8 9 10 11 12 15 17 16 17 15 20 19 15 16 11 5 2 3

10. Grades for which drug and alcohol education offered as an elective or part of an elective course offering. (Circle the appropriate grade/grades)

 k
 1
 2
 3
 4
 5
 6
 7
 8
 9
 10
 11
 12

 2
 2
 2
 3
 3
 3
 5
 3
 10
 13
 16
 15

11. Indicate the course(s) where drug and alcohol education occurs.

	k	1	2	3	4	5	6	7	8	9	10	11	12
Health	12	12	12	13	13	15	13	10	13	12	7	5	5
Sciences	4	6	5	5	4	6	9	11	6	4	8	2	2
Physical Education	1	0	1	1	1	1	1	0	3	4	4	2	2
Other	2	2	2	2	2	2	2	3	2	10	9	10	11

No. of
Local
Education
Agencies
Indicating
'Yes'

12. For the following grades, please indicate the type of curriculum used, e.g. "Here's Looking at You," "Maryland Drug and Alcohol Abuse," etc.

k					
1		 · · · · · · · · · · · · · · · · · · ·	 	· · · · · · · · · · · · · · · · · · ·	
2				<u></u>	
3					
4		 			·
5		······································		· · · · · · · · · · · · · · · · · · ·	
6					
7					
8		 		 	
9					
10					
1 1					
12					

Please provide a description of these curricula.

13. For each grade, please indicate the number of hours spent per year on drug and alcohol education in both mandatory and elective programs.

	k	1	2	3	4	5	6	7	8	9	10	11	12
Mandatory	2.5	5	5	3	5	7	15	10	10	1.3	0	0	0
Elective	0	0	0	0	0	0	0	0	0	0	0	0	0

Median

14. Please identify the composition of the staff involved in drug and alcohol education for each appropriate grade (for mandatory and elective programs).

	k	1	2	3	4	5	6	7	8	9	10	11	12	
Adminis- trators	1	1	0	2	1	3	2	3	2	2	3	2	2	
Counselors	2	2	1	1	1	2	6	5	6	4	4	4	4	ľ
Health Prof.	1	2	2	3	3	4	5	5	8	5	4	1	1	r
Teachers	17	19	18	17	17	20	21	19	17	16	16	15	15	ļ ——
Other	1	2	1	2	2	3	2	1	1	1	1	1	1	_

No. of
Local
Education
Agencies
Indicating
'Yes'

15. Do the following types of individuals participate in your drug or alcohol education programs?

	k	1	2	3	4	5	6	7	8	9	10	11	12
Parent Groups	6	6	5	5	5	4	7	6	6	7	5	5	5 ;
Community Leaders	5	5	4	5	6	6	7 .	7	7	6	4	5	5
Police	3	3	3	4	4	5	6	8	8	9	7	5	5
Recovering Addicts or _Alcoholics_	0	0	0	0	0	2	3	3	3	2	3	2	3
Other (include celebrities	5	4	3	4	4	6	6	5	5	5	3	4	4

No. of Local Education Agencies Indicating 'Yes' 16. How many hours of training are required in drug and alcohol education or awareness for:

Responsible Drug and Alcoh	Not Involved in Drug and Alcohol Education	Median Number of Hours	
Teachers			6
Counselors			0
Health Professionals			0
Administrators			0

17. Is continuing education in the area of drug and alcohol required for the following teachers? (Number of Local Education Agencies)

	Elementary	Middle School	Junior High	High School
No	18	18	21	18
Yes	4	4	1	4
If yes, number of hours				

18. How many of the following professionals have participated in drug and alcohol education training programs or awareness programs during the last academic year?

academic year?	Mean	Median	Standard Deviation
Teachers	333	12.5	1148
Counselors	30.5	2	72.4
Health Profession	onals_12.2	1.5	34.6
Administrators_	43.9	2.5	96.9

19. Please provide any general information on drug and alcohol education and/or staff training that may be of use to the Committee.

20. How many students have been disciplined in the following manner for drug or alcohol use?

	Elementary	Middle School	Junior High	High School	
Detention	0	0	0	0	Median
Suspension	0	1.5	0	10	
Expulsion	0	0	0	0	
Remanded to Police	0	0	0	0	
Other	0	0	. 0	0	

21. How many students have been disciplined in the following manner for drug or alcohol possession on school property?

	Elementary	Middle School	Junior High	High School	
Detention	0	0	0		7
Suspension	0	0	0	23	Median
Expulsion	0	0	0	2	
Remanded to Police	0	0	0	0	
Other	0	0	0	0	

22. How many students have been referred for the following types of treatment for drug or alcohol use?

	Elementary	Middle School	Junior High	High School	
Hospital	0	0 .	0	0	Median
Residential Program	0	0	0	0	
Counseling	0	1	0	11	
Other	0	0	0	0	

23. If a teacher or other school personnel suspects a student is using drugs or alcohol they should, according to policy, inform:

ALL GRADE LEVELS

	Browskardkx	Midde Yoohoo	*HT FIX	ил ди Венеет
Counselors	6			
Administrators	23			
Parents	5			
Police	2			
Other	1			

Number Indicating 'Yes'

24. If a teacher or other school personnel suspects a student possesses drugs or alcohol they should, according to policy, inform:

	ALL GRADE Edmexicary	LEVELS Mikadinek Sockoonik	Juniur Myła	asport High	·
Counselors	1				Number
Administrators	23				Indicating 'Yes'
Parents	4				
Police	2				
Other	1				

25. If a student is caught using drugs on campus, for the first time, would they be:

would they be:		GRADE LEVELS Mixdole School	Janxi dr High	жұу Роспост	
Referred to Counseling	. 16				Number Indicating
Remanded to Police	10				'Yes'
Suspended	21				
Expelled	2				
Other	7				

BYenentary MYSSYM: ******** **YHYKH** S@\$X&B\D\\$X Righ XXXXXXX Referred to Counseling 13 Number Indicating Remanded 'Yes' 12 to Police Suspended 14 Expelled 19 Other 6

27. If a student is caught possessing drugs on campus, for the first time, would they be:

	Е Зе ме нкахук	Accepta Acceptan	Podane Park	Hazh Hazh
Referred to Counseling	16			
Remanded to Police	11			
Suspended	19			
Expelled	5			
Other	7			

Number Indicating 'Yes'

28. If a student is caught possessing drugs on campus, for a subsequent time, would they be:

ALL GRADE LEVELS

	R X#WeAXK#XXX	жидале Мудале	notand Hykh	Hark Leonas	
Referred to Counseling	16				Number
Remanded to Police	14				Indicating 'Yes'
Suspended	14				
Expelled	18				
Other	7				

29. If a student is caught distributing drugs on campus, for the first time, would they be:

	ALL GRADE Elemenatary	LEVELS Middle School	Iunden High	Hagis School	
Referred to Counseling	14				Number Indicating
Remanded to Police	13				'Yes'
Suspended	13				
Expelled	17				
Other	7				

30. If a student is caught distributing drugs on campus, for a subsequent time, would they be:

	Browenkaryk	RADE LEVELS Minds Schoonk	Jumpor High	High Schoolx
Referred to Counseling	10			
Remanded to Police	12			
Suspended	11			
Expelled	22			
Other	6			

Number
Indicating
'Yes'

31. According to your school system's policy, is it mandatory for a student expelled or suspended for a drug/alcohol infraction to participate in a drug/alcohol education or treatment program in order to be readmitted?

ALL GRADE LEVELS

	Bramenkeardk	Midiate Sohook	ragent Turbert	harda Harda	
Yes	18				Numbe Indic
No	5				'Yes'

Number Indicating

32. Who has the authority to decide on the appropriate course of action once a student has been found to use or possess drugs or alcohol?

ALL GRADE LEVELS

	EXK emenktary x	Mikadaliyek Skorankovê	XIONALOX XÎQXKH	High School	
Administrator	22			T	Number
Counselor	2				Indicating 'Yes'
Teacher	0				·
Security Personnel	0				
Other	6				

33.	Does	your	scho	ol	system	interact	with	the	Department	of	Health
and	Mental	Hygi	ene	to	provide	students	with	tre	eatment?		

- 1. yes 22
- 2. no 0

If yo	es, p	lease	indica	te 					
						W			_
31	Does	WOUR	school	cuatam	intouaci		Turram i la	Samuiaa-	

- 34. Does your school system interact with Juvenile Services Administration to provide students with treatment?
 - 1. yes 18
 - 2. no

If yes, please indicate how_____

- 35. Does your school system hold community meetings to discuss drug or alcohol use among students?
 - 1. yes 19
 - 2. no 3

. .

(

36. Please provide, if appropriate, any other pertinent information on education and training programs. In particular, please comment on your perception of the success of these programs in preventing drug and alcohol use among your student population.

Appendix III.

Forms for Survey of County Health Officers

87

SURVEY OF COUNTY HEALTH OFFICERS

1.	How many full-time	professiona	l staff do y	ou employ in:
		Preventi	on	
		Treatmen	t	
2.	How many part-time	professiona	l staff do y	ou employ in:
	·	Preventi	on	
		Treatmen	t	
3.	(a) What is (are) substance use			n(s) in your county for
	(b) Do any prevent group(s)? (Sp			ms target this (these) on it serves).
4.	Does your agency co	ordinate it	s activities	with other state programs?
		Yes	No	_
	Juvenile Services Educational System			4
	Courts			1
	Law Enforcement			
	Other			

5. Which, if any, prevention or treatment programs do you consider exemplary programs? (Elicit name, population the program serves, and who operates the program).

6.	Do you have a formal plan for meeting drug and alcohol education and treatment goals in your county?
	Yes
	No
	If yes:
	what is the time duration for the plan? (e.g. 5 years)
	how frequently is the plan reviewed?
7.	How much money did you receive for the current fiscal year for prevention and treatment from local, state and federal governments?
	Local State Federal
	Prevention Treatment
8.	What do you think are the major unmet prevention and treatment needs in your county? (e.g. for treatment, more half-way house, for prevention more youth groups).
9.	Do you feel that local and State support is at an adequate funding level? Yes
	No
If 1	no, how might this be changed?

TREATMENT QUESTIONS

1.	Do you	think	there	are	any	exemplary	treatment	programs	in	your	county	у?
----	--------	-------	-------	-----	-----	-----------	-----------	----------	----	------	--------	----

2. What do you think are the current unmet needs?

3. Have you seen any positive results from these programs?

TREATMENT

	1108011	
	Alcohol Drugs Both	Substance Abuse
	Treatment House	Type of Facility
	Counseling	
	_]₽	-
	Period for	Waiting
·	Ireatment	AND MALE AND A
	Adolescenta Minorities	1
	ea County Other County	
	r County Other State	, , ,
<u> </u>	ai re	

92_

TREATHORT

Program
Treated Alcohol Drugs
Treated Alcohol Drugs Both
 Treatment House
y Out-patient Counseling
Other
Individuals Referred S
erved
Period for Trestment
Treatment Special Programs For Length Adolescents Minorities
Minorities
Locale (
Locale of Operation County Other County Other State
Other Stat

PREVENTION QUESTIONS

1.	Do you	think	there	are	any	exemplary	prevention	programs	in	your
	county?	?								-

2. What do you think are the unmet needs?

3. Have you seen any positive results from these programs?

PREVENTION

· ·	Program	
	Alcohol	Targeted
	Druge	Targeted Substance
	Both	Ц
	School	rganizat
	Organizations	Organization that Operates Program
	Churches	tes Program
	Groupa Careot-touth	
	Other	
	seling	Type of Program
	Activities	gram
	tion	1
	Other	Ц
	12 000	Target
	12-18 1	Target Population
	18 ities	ונ
· · · · · · · · · · · · · · · · · · ·	_	_
	dividuals Served	
	Primary	Prevention Aim
	Secondary	n Ain

PREVENTION

	Program	
	Alcoho1	Targete
	Druga	Targeted Substance
	Both	G
	School	rinsgro
	Organizations	Organization that Operates Program
	Churches	tea Program
	Parent-Youth Groupa	
	Other	
	Beling Act	Type of Pro
·	Alternative Activities	gram
· · · · · · · · · · · · · · · · · · ·	Educa-	
	Other	
	Under 12	Target
	12-18	Target Population
		lon
T	Minor-	Ц
	Number of In- dividuals Served	
	Primary	Prevention Aim
	Secondar	n Ain

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Appendix IV.

Correspondence



House of Delegates

ANNAPOLIS MARYLAND 21401-1991

PAULINE H. MENES
TWENTY-FIRST LEGISLATIVE DISTRICT
CHAIR. DRUG AND ALCOHOL ABUSE COMMITTEE

HOUSE JUDICIARY COMMITTEE
HOUSE RULES AND EXECUTIVE
NOMINATIONS COMMITTEE
LAW ENFORCEMENT COMMITTEE
STATE ARTS COUNCIL

STATE COMMISSION ON AGING

SPECIAL COMMITTEE ON DRUG AND ALCOHOL ABUSE

November 10, 1987

LEGISLATIVE ADDRESS: 3517 MARLBROUGH WAY COLLEGE PARK, MARYLAND 20740 935-6270

MID-JANUARY TO MID-APRIL 210 LOWE OFFICE BUILDING ANNAPOLIS, MARYLAND 21401-1991 WASHINGTON AREA 858-3114 BALTIMORE AREA 841-3114

David W. Hornbeck State Superintendent Maryland State Department of Education 200 West Baltimore Street Baltimore, Maryland 21201

Dear Dr. Hornbeck:

The Special Committee on Drug and Alcohol Abuse has considered several issues relating to education policy and school personnel. The Committee has agreed to review these issues with the MSDE and elicit the Department's views on these issues before adopting recommendations. This letter outlines the issues that the Committee has identified for response from the Department.

One issue concerns civil immunity for school personnel who report student alcohol or drug users to parents or school officials. Under current law (Education Article, Section 6-109) teachers, guidance counselors, administrators, or educational staff are granted immunity for reporting a student who is suspected of being under the influence of drugs or alcohol. The law further provides that educators are not required to disclose information regarding students who seek alcohol or drug information. The Special Committee has considered recommending that the immunity extend to school security personnel, school nurses, and other school employees. The Committee would appreciate receiving the views of the MSDE before adopting this recommendation. It would be helpful to know whether MSDE would support this recommendation or an alternative course of action.

Another issue is a proposed recommendation to require secondary school teachers and school administrative personnel to earn a certain (undetermined) number of alcohol and drug abuse prevention education credits as a qualification for appointment. The Committee considers alcohol and drug abuse prevention awareness by school officials essential to the State's substance abuse prevention efforts. The Committee has agreed to examine MDSE's views on this proposal before adopting a recommendation.

David W. Hornbeck, Superintendent Maryland State Department of Education Page 2

The Committee is vitally concerned about alcohol and drug abuse education. Primarily, the Committee recogizes a need for including alcohol and drug abuse education in a mandatory course in each grade and targeting the education in grades K through 8. Further, the Committee believes that the alcohol and drug abuse education curriculum should be more intense and that trained student peers and community resource staff should be utilized in developing and presenting alcohol and drug education. The Committee would benefit from the views and responses of the Department before recommending action.

The Committee is scheduled to report its interim recommendations to Speaker Mitchell before the 1988 Legislative Session. A discussion draft of the Interim Report of the Special Committee will be circulated to Committee members on or before December 1, 1987. We would appreciate receiving MSDE's initial comments on and responses to the issues outlined here prior to that date.

Enclosed for your information are the bills relating to immunity that were considered during the 1987 Legislative Session.

Thank you for cooperating and assisting the Special Committee.

Sincerely,

Pauline H. Menes Chair

/emk Enclosures



House of Delegates

ANNAPOLIS MARYLAND 21401-1991

PAULINE H. MENES
TWENTY-FIRST LEGISLATIVE DISTRICT
CHAIR, DRUG AND ALCOHOL ABUSE COMMITTEE

HOUSE JUDICIARY COMMITTEE
HOUSE RULES AND EXECUTIVE
NOMINATIONS COMMITTEE
LAW ENFORCEMENT COMMITTEE
STATE ARTS COUNCIL
STATE COMMISSION ON AGING

SPECIAL COMMITTEE ON DRUG AND ALCOHOL ABUSE

September 28, 1987

LEGISLATIVE ADDRESS: 3517 MARLBROUGH WAY COLLEGE PARK, MARYLAND 20740

MID-JANUARY TO MID-APRIL 210 LOWE OFFICE BUIL-DING ANNAPOLIS, MARYLAND 21401-1991 WASHINGTON AREA 858-3114 BALTIMORE AREA 841-3114

MEMORANDUM

TO:

The Legislative Policy Committee

FROM:

The Special Committee on Drug and Alcohol Abuse

SUBJ:

Proposed State Preemployment/Employee Drug Testing Policy

The Special Committee on Drug and Alcohol Abuse has reviewed with the Secretary of Personnel the Drug Testing policy developed by the Department. The Committee is satisfied with the contents of the proposed policy and concludes that the proposal is consistent with the Joint Chairmen's directive and the legal considerations raised in the October, 1986 Attorney General's Opinion.

The Special Committee recommends that the Legislative Policy Committee further examine the implementation of the policy and require the Department to adopt regulations as further described here relating to:

- employee assistance benefits provided to employees who are identified as being chemically dependent;
- 2. the mechanisms available to assure accurate test results; and
- 3. procedures to protect the confidentiality and due process rights of individuals who test positive.

The Special Committee and the Secretary of Personnel agreed that the drug testing guidelines should in some way include **alcohol** among the types of substances to be screened.

The Special Committee noted that the Attorney General's Opinion on drug testing is fully acknowledged in the background section of the proposed drug testing policy. The policy recognizes that under the AG's Opinion, the authority of the Department of Personnel (DOP) permits "implementation of a drug testing program for applicants and current employees alike, assuming that the Secretary finds a link between drug abuse and the requirements of particular job categories[.]". Under this authority, the proposed Preemployment/Employee Drug Testing Policy enables the DOP to conduct drug testing for prospective appointees to Correctional Officer I and II and for prospective appointees to positions designated as "sensitive". In addition, employees in these positions may be tested where circumstances constitute "probable cause", or there is a basis for "reasonable suspicion", or the test is "incident triggered". The Special Committee is satisfied that the proposed policy complies with the Attorney General's conclusion that dismissal of an employee solely because the individual is chemically dependent is a violation of the Rehabilitation Act of 1973. Thus, under the proposed policy, a current employee, who tests positive, is entitled to referral to the State Employee Assistance Program for counselling and is entitled to appeal any discipline resulting from a positive drug test.

The Policy Committee is advised that while the proposed policy satisfies the legal considerations enumerated in the AG's Opinion, the Special Committee recommends that the Department adopt regulations (for review by the AELR Committee) governing the implementation of the proposed drug testing policy.

The regulations should include specific provisions governing each aspect of the drug testing policy particularly the following:

- 1. Requirements for certification of any laboratory contracted to conduct drug testing, at least consistent with national standards governing drug testing laboratories;
- 2. Specific procedures for protecting the confidentiality of drug tests;
- 3. Procedures for conducting confirmatory tests of positive test results, including an employee's right to submit the specimen to an independent laboratory;
- 4. Requirements for at least 10 days advance notice to employees who are to be tested:
- 5. Procedures for developing and implementing appropriate employee assistance programs for designated employees; and
- 6. Appropriate alcohol testing procedures consistent with laws governing use of alcohol, particularly for employees who operate vehicles in the course of their work.

Memo to the Legislative Policy Committee September 28, 1987 Page 3

The Special Committee recommends that the development of regulations not delay the start of the proposed drug testing program. Rather, the Department should provide assurances on the specific aspects listed above prior to initiating drug testing and should proceed with development of regulations concurrently. A draft of the proposed regulations should be distributed to the Special Committee for review as soon as they are available.

Finally, the Special Committee recommends that the Department of Personnel maintain comprehensive statistics on the implementation of the drug testing policy, including the incidence of substance abuse revealed by drug testing.

/emk

Department of Legislative Reference

General Assembly of Maryland Legislative Services Building 90 State Circle Annapolis, Maryland 21401-1991

F. Carvel Payne Director

Michael I. Voik. Director Legislative Division

September 18, 1987

MEMORANDUM

TO:

The Honorable Pauline H. Menes, Chairperson Special Committee on Drug and Alcohol Abuse

FROM:

Michael W. Reed. Committee Counsel

SUBJECT: References to Special Committee on Drug and Alcohol Abuse Contained in the Joint Chairman's Report of 1987

This memorandum is in response to your request that you be advised of any reports by State agencies due to the Special Committee on Drug and Alcohol Abuse.

The Joint Chairmen's Report recommends that the Governor's Office of Justice Assistance submit a detailed program plan by July 1, 1987 on utilization of all funds available under the Federal Anti-Drug Abuse Act of 1986. The Report prohibits the spending of funds beyond February 1, 1988 under the Act until the program is approved by the Special Committee on Drug and Alcohol Abuse and the budget committees. (See p. 23 of the Report)

The Report also requires the Department of Transportation. Mass Transit Administration to explore the feasibility of a drug testing program for bus and rail operators and other employees with public safety responsibilities. The Mass Transit Administration is required to report its findings to the Special Committee on Drug and Alcohol Abuse by September 1. 1987. (See p. 82 of the Report)

The Joint Chairmen's Report requires the Division of Parole and Probation to retain the services of an independent consultant to review the Divsion's activities and report the results of the review to the budget committees and the Special Committee by September 30, 1987. (See p. 164 of the Report)

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BaitImore: 841-3852/3870

TTY for Deaf: Baltimore: 841-3814 D.C. Metro: 858-3814 The Joint Chairmen's Report also requires the Division of Corrections to report to the budget committees and the Special Committee on Drug and Alcohol Abuse on February 1, 1988 the dates random tests were conducted, and the number of inmates and correctional staff who tested positive for using drugs. (See p. 159 of the Report)

MWR/emk

cc: Carol J. Lawson-Green
Members, Special Committee on Drug
and Alcohol Abuse



House of Delegates

ANNAPOLIS, MARYLAND 21401-1991

PAULINE H. MENES
TWENTY-FIRST LEGISLATIVE DISTRICT
CHAIR. DRUG AND ALCOHOL ABUSE COMMITTEE
HOUSE JUDICIARY COMMITTEE
HOUSE RULES AND EXECUTIVE
NOMINATIONS COMMITTEE
LAW ENFORCEMENT COMMITTEE
STATE ARTS COUNCIL

STATE COMMISSION ON AGING

September 15, 1987

LEGISLATIVE ADDRESS:
3517 MARLBROUGH WAY
COLLEGE PARK, MARYLAND 20740
935-6270
MID-JANUARY TO MID-APRIL
210 LOWE OFFICE BUILDING
ANNAPOLIS, MARYLAND 21401-1991
WASHINGTON AREA 858-3114
BALTIMORE AREA 841-3114

SPECIAL COMMITTEE ON DRUG AND ALCOHOL ABUSE

The Honorable Adele Wilzack Secretary of Health & Mental Hygiene 201 W. Preston Street Baltimore, Maryland 21201

Dear Secretary Wilzack:

The Special Committee on Drug and Alcohol Abuse is supportive of the steps being taken by the Department to consolidate the Drug Abuse Administration (DAA) and Alcohol Control Administration (ACA) under one administrative unit designated as the Addictions Services Administration (ASA). The reorganization effort is consistent with the Special Committee's Preliminary Report recommendation concerning the efficient organization of State programs for treatment and services for addictive illness and chemical dependency. This letter is to both commend the Department for undertaking the consolidation and to express concern about the potential impact of the reorganization.

While generally encouraged by the reorganization effort, the Committee is concerned about the following:

- Measures to preserve adequate levels of administrative support necessary to accomplish the tasks detailed under the Health General Article of the Code for the DAA and ACA;
- The recently published vacancy notice for the position of Director, Addictions Services Administration and whether the minimum education qualifications and stated salary adequately reflect the high level of responsibility embodied in the new combined position;
- 3) Methods for assuring that a higher degree of administrative skill, experience and level of support than expressed in the position description is provided for the position of director;

4) Methods for assuring that the duties of the Alcohol Control Administration, detailed in the Health General Article, section 8-204, and the powers and duties of the director of the Drug Abuse Administration, stated in the Health General Article, section 8-204, are delegated to the new Addictive Services Administration.

The Committee is also interested in receiving assurances that functions specified in law with respect to the Advisory Councils for both the DAA and ACA will continue in force under the consolidated administration. Moreover, the Committee has concurred on the need to develop updated comprehensive legislative provisions which accommodate the substance of the administrative changes and reinforce the duties and functions contained in the current laws. Because the consolidation is designed to strenghten and enhance coordination of prevention and treatment of addictive illness and chemical dependency statewide, the Committee urges that the legislative changes be discussed and developed with the Committee's involvement. In this way the mutual objectives of the Department and the legislature for efficient administration and coordinated service can best be realized.

The Committee appreciates your consideration and looks forward to the furtherance of these tasks.

Sincerely,

Pauline H. Menes Chair

PHM/emk

cc: Governor William Donald Schaefer President Thomas V. Mike Miller, Jr. Speaker R. Clayton Mitchell, Jr. Committee Members



House of Delegates

ANNAPOLIS, MARYLAND 21401-1991

PAULINE H. MENES
TWENTY-FIRST LEGISLATIVE DISTRICT
CHAIR, DRUG AND ALCOHOL ABUSE COMMITTEE
HOUSE JUDICIARY COMMITTEE
HOUSE RULES AND EXECUTIVE
NOMINATIONS COMMITTEE
LAW ENFORCEMENT COMMITTEE
STATE ARTS COUNCIL

STATE COMMISSION ON AGING

SPECIAL COMMITTEE ON DRUG AND ALCOHOL ABUSE

LEGISLATIVE ADDRESS: 3517 MARLBROUGH WAY COLLEGE PARK, MARYLAND 20740

935-6270

MID-JANUARY TO MID-APRIL 210 LOWE OFFICE BUILDING ANNAPOLIS, MARYLAND 21401-1991 WASHINGTON AREA 858-3114 BALTIMORE AREA 841-3114

March 16, 1987

The Honorable William Donald Schaefer Governor of Maryland State House Annapolis, Maryland 21404

Dear Governor Schaefer:

The Special Committee on Drug and Alcohol Abuse has found that Addiction Counselors throughout the State are not adequately compensated. In addition, it has come to the Committee's attention, during meetings held throughout the legislative session, that work performed by Addiction Counselors is equivalent to that of a probation officer or others who provide direct counseling services.

The increased demand for Addiction Counselors has been documented and presented in testimony before the Committee. For this reason, the Committee fully supports the proposed salary adjustment that will increase the salaries of Addiction Counselors I through IV from approximately \$12,782 per year, for the minimum initial starting salary, to approximately \$13,619 per year.

The Committee urges that efforts be initiated to augment these salaries beyond the recommended annual salary review (ASR) amounts at the earliest possible date in order to encourage qualified individuals to fill these positions. More specifically, the Special Committee suggests that the Addiction Counselors be included in the annual salary review for FY '89 and that the review account for the similarities between the responsibilities of Addiction Counselors and the duties of parole and probation officers.

Addiction Counselors and Addiction Coordinators are an essential part of the overall State effort toward treatment and prevention of drug and alcohol dependency.

The legislators on the Special Committee are anxious to assist in the effort to acquire, and retain, these necessary personnel.

Sincerely,

Pauline H. Menes, Chair

Special Committee on Drug and

Alcohol Abuse

cc: The Honorable Thomas V. Mike Miller, Jr.
The Honorable R. Clayton Mitchell, Jr.

The Honorable Laurence Levitan The Honorable Charles J. Ryan



HOUSE OF DELEGATES

ANNAPOLIS, MARYLAND 21401-1991

March 14, 1987

LEGISLATIVE ADDRESS: 3517 MARLBROUGH WAY COLLEGE PARK, MARYLAND 20740 935-6270

SPECIAL COMMITTEE ON DRUG AND ALCOHOL ABUSE

MID-JANUARY TO MID-APRIL 210 LOWE OFFICE BUILDING

ANNAPOLIS, MARYLAND 21401-1991 WASHINGTON AREA 858-3114 BALTIMORE AREA 841-3114

TWENTY-FIRST LEGISLATIVE DISTRICT
SECOND VICE-CHAIRPERSON
PRINCE GEORGE'S COUNTY DELEGATION
HOUSE JUDICIARY COMMITTEE
HOUSE RULES AND EXECUTIVE
NOMINATIONS COMMITTEE
MARYLAND STATE ARTS COUNCIL
COMMISSION ON AGING

PAULINE H. MENES

COUNCIL

TO:

Honorable Charles J. Ryan, Chairman, House Committee on Appropriations

Honorable Howard P. Rawlings, Vice-Chairman House Committee on Appropriations, and Chairman, Subcommittee on Health and the Environment

Honorable Timothy F. Maloney, Chairman Subcommittee on Law Enforcement and Transportation

FROM:

Honorable Pauline H. Menes, Chair

Special Committee on Drug and Alcohol Abuse

SUBJECT:

Review of Program Plans by Special Committee on Drug

and Alcohol Abuse

The Special Committee on Drug and Alcohol Abuse has reviewed the Budget Report of the House Appropriations Committee and identified significant language regarding implementation of key program plans. In several instances throughout the Report, the budget report requires that "no funds be expended" for activities or programs beyond a certain date unless the program plan is submitted and approved by the budget committees.

In the course of discussion on the floor of the House between the Chair of the Special Committee and Chairs of the applicable Appropriations Sub-Committees, it was stated that the Joint Chairman's Report could expressly include the role of the Special Committee in the budget review progress.

The following are the areas where the Committee has identified programs that the Committee would request such review and comment languange to be added in the Joint Chairman's Report.

- 1. The Criminal Justice Coordinating Council's program plan which requires review and approval of the budget committees under Amendment # 26;
- 2. The findings of the Department of Transportation report on the feasibility of a drug testing program for bus and rail operators, required under Amendment # 98;
- 3. The Division of Parole and Probation's report to the budget committees on the effects of the Drinking Driver Monitoring Program as reported by an independent consultant as recommended in the Committee narrative accompanying Amendment # 177:
- 4. The Department of Public Safety and Corrections Report on plans for random drug testing of inmates and employees by the Division of Correction, recommended in the Committee narrative accompanying Amendment #175:
- 5. The Department of Personnel's plan for the drug testing of state employees as required under Amendment # 61

The Special Committee has acquired information in the course of meetings having taken place during the current session that gives us the confidence that we have knowledge that will be beneficial to the budget committees. Our determination to continue to work aggressively during the interim will make our input even more valuable.

Your consideration in this matter is sincerely appreciated.

DEPARTMENT OF FISCAL SERVICES

MARYLAND GENERAL ASSEMBLY LEGISLATIVE SERVICES BUILDING 90 STATE CIRCLE

ANNAPOLIS, MARYLAND 21401-1991 841-3736 DIVISION OF BUDGET REVIEW
ROBERT E. BRADY
DIRECTOR



March 19, 1987

Delegate Pauline H. Menes, Chairman Special Committee on Drug and Alcohol Abuse 210 House Office Building Annapolis, Maryland 21401-1991

Dear Chairman Menes:

At the March 5, 1987 committee meeting, members asked a number of questions concerning funding for alcoholism and drug abuse programs. Responses to those questions are provided below.

1. What is the turnover experience for addiction counselors?

According to the staff notes accompanying the Annual Salary Review (Attachment A), the average vacancy rate for Addiction Counselors and Addiction Counselor Trainees is 17%, with positions remaining vacant for an average of six months.

2. How do salaries of other counselor positions compare to those of addiction counselors?

	<u>Position</u>	Present Grade	Minimum	<u>Maximum</u>
* * * *	Addiction Counselor I Addiction Counselor II Addiction Counselor III Addiction Counselor IV	6 7 8 . 9	\$12,782 \$13,619 \$14,513 \$15,568	\$16,629 \$17,754 \$18,986 \$20,392
	Mental Health Counselor I Mental Health Counselor II	9 10	\$15,568 \$16,734	\$20,392 \$21,949
	Juvenile Counselor I Juvenile Counselor II Juvenile Counselor III Juvenile Counselor Senior	9 11 12 13	\$15,568 \$18,014 \$19,392 \$20,886	\$20,392 \$23,642 \$25,464 \$27,430

Delegate Pauline H. Menes March 19, 1987 Page 2

	Parole and Probation Agent I Parole and Probation Agent II Parole and Probation Agent Senior	9 11 13	\$15,568 \$18,014 \$20.886	\$20,392 \$23,642 \$27,430
*	Human Service Worker I	8	\$14,513	\$18,986
*	Human Service Worker II	9	\$15,568	\$20,392
*	Human Service Worker III	10	\$16,734	\$21,949
*	Human Service Worker IV	11	\$18,014	\$23,642
*	Human Service Worker V	12	\$19,392	\$25,464

(Positions with an asterisk will increase by one grade level in the fiscal year 1988 Annual Salary Review.)

Qualifications for the above positions may not be comparable and may account for the difference in grade level.

- 3. What portion of the \$2.7 million drug abuse initiative is for administration?
 - No portion of the \$2.7 million is for state-level administration. In general, the Drug Abuse Administration permits local health departments to use 7% of their grant award for indirect costs. If the grantee is not a local health department, services are procured through competitive bidding, and the award is based on the total service cost, which may include administrative costs.
- 4. What additional law enforcement resources are there for drug abuse?

The fiscal year 1988 allowance for the Maryland State Police provides \$1.4 million, including \$1 million in federal Anti-Drug Abuse Act of 1986 funds, for enhanced enforcement of drug laws. Allocation of these funds is shown in Attachment B.

Delegate Pauline H. Menes March 19, 1987 Page 3

5. What are the state employee health insurance provisions for alcoholism and drug abuse?

Each health plan has its own provisions. A comparison of benefits among the plans is shown in Attachment C. As shown in the comparison, Blue Cross/Blue Shield, the largest single insurer of state employees, only covers alcoholism services, not drug abuse.

6. Must an employee report to his or her supervisor that he or she is seeking assistance with a substance abuse problem from the Employee Assistance Program?

According to the director of the Employee Assistance Program, an employee would ordinarily request sick leave for an appointment with the program and would only report to the supervisor that he or she was seeking assistance for a health problem, not the type of assistance or type of problem. The program maintains records in strict confidentiality and only releases information upon the employee's written request. No record of a referral to the Employee Assistance Program should be retained in an employee's personnel file.

7. Are there federal grant funds which are dependent on a state's particular DWI laws?

Yes, there is a grant offered to states under the Highway Safety Act which requires that a state set its intoxication level for blood alcohol content at .10. Maryland's level is .13, so the state does not qualify. There are other requirements, including a state match, which must be met before qualifying for the grant. Maryland would have had to put up a \$3.75 million general fund match in order to qualify for a \$2.5 million federal grant (over a three-year period).

Delegate Pauline H. Menes March 19, 1987 Page 4

8. Of those individuals participating in a methadone maintenance program, how many successfully complete the program and get off methadone?

I had difficulty obtaining a direct response to this question from the Drug Abuse Administration. The administration feels that success is indicated by years in treatment, rather than discontinuation of methadone. One reason for this is that they have no way of knowing whether an individual refrains from using drugs after leaving a methadone maintenance program, unless the individual remains in an outpatient counseling program. Attachment D provides information on this issue. According to the last table in the attachment, 10.8% of the 1,820 clients discharged from methadone maintenance during 1986 could be classified as successful, having completed treatment and/or the treatment plan. As the years spent in treatment increase, the percentages of successful discharges generally increase as well.

 \ensuremath{I} hope this information responds to your committee members' concerns. Please let me know if \ensuremath{I} can be of further assistance.

Sincerely, Lila Stala

Linda Stahr

Administrative Analyst

Attachments

LS:1t

Agency Health and Mental Hvg

ANNUAL SALARY REVIEW STAFF NOTES

Page____

						프
Code	Title	Present Grade	Requested Grade	Recommen Grade		<u>(F</u>
2972	Addiction Counselor Trainee	10,100	10,908	1.1,000	(23)	
2973	Addiction Counselor I .	6	. 7	7	(37)	
OPT.	Addiction Counselor II	7	8	8 .	(40)	
OPT.	Addiction Counselor III		9	9	(82)	
OPT.	Addiction Counselor IV	9	10	10	(64)	
OPT.	Addiction Coordinator I	12	13	13	(14)	
OPT'.	Addiction Coordinator II	13	14	14	(21)	
OPT.	. Addiction Program Advisor	14	15	15	(23)	•

The Agency is requesting an 8% salary increase for the Addiction Counselor Trainee class and a one grade salary adjustment for the Addittion Counselor, Coordinator, and Program Advisor classes. Additionally, the Agency is requesting a title change and the addition of a new Prevention option for the Addiction Counselor IV, Coordinator I and II and Program Advisor classes.

The Addiction Counselor, Coordinator, Program Advisor class series received salary adjustments in the 1986 ASR (exception-Trained). The basis for the Agency's request is to address recruitment/retention problems; establish equity with other classes that perform counseling functions (e.g. Mental Health Associates/Counselors; Juvenile Counselors; Parole and Probation Agents; Human Service Workers, etc.); and to increase competitiveness in the labor market.

The Agency cites the following resignation rates: Trainee-20%; Counselor I and II-13%; Counselor III-10%; Counselor IV-9%; Coordinator I-11%; and Coordinator II-8%. Additionally, the Agency cites an overall average vacancy rate of 17% for the Trainee and Counselor series, with positions remaining vacant for an average of six months. The vacancy rate is 29% for Counselor I and 22% for Counselor II (Drug Abuse). The average vacancy length for Counselor IV (Alcoholism) is eight months and seven months for Counselor I.

The Agency indicates that in a 1986 salary survey, the State of Maryland ranked eight of nine employers for entry level-salaries of proficient addiction counselors, equivalent to Addiction Counselor III. Maryland ranked last of

ATTachment A (cont.)

ANNUAL SALARY REVIEW STAFF NOTES

Page____

Agency Health and Mental Hygi

Present Requested Recommended

Code Title Grade Grade (F

employers contacted for entry salaries paid to Addiction Counselor IV's; and six of eight for entry salaries paid to Addiction Program Advisors. The Agency submitted the following salary information.

·	Addiction Counselor Trainee	Counselor III	Counselor IV	Program Advisor
Survey Average:	\$18,741	\$19,175	\$22,376	\$32,798
Maryland Average:	9,750	16,632	17,867	25,888

TARIF-2

MARYLAND STATE POLICE NARCOTICS PROGRAM ENHANCEMENT

ITEM DESCRIPTION		FY 1988
.25-Additional Trooper Positions @\$19,958 to replace Troopers transfered from Field units.	7 20 , 323	
 3-Additional Clerical positions for narcotics and/or Crime lab 	48, 131	
. 3-Forensic Chemist I positions for crime lab	54,583	
Sub-total Salaries and Wages		823,037
Travel-Buy money moved to contractual serv.		(125, 208)
.Motor Vehicle operation-25 new vehicles for new police positions.		280,000
.Contractual Services-Buy money increase of \$100,000 to 225,208 used to buy drugs in undercover work.		225, 208
.Supplies and Materials clothing allowance for new positions and undercover work		54,950
.4-Body wire units @\$5,000 .Secure telephones for investigative work .Radios for new police cars .Additional Crime Lab Equiipment for Drug analysis .Evidence collectors (simlar to daisy	20,000 20,000 57,500 28,125	
Seal-o-meal) Other misc. Equipment	3,000 16,935	
Sub-total New Equipment		145, 560
Rent for additional office space to house narcotic unit	·	100,000
TOTAL NARCOTIC Enhacement	1	, 403, 547
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FEDERAL FUNDS Federal anti-drug act of 1986 GENERAL FUNDS	1	,000,000 403,547

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DRUG ABUSE ADMINISTRATION DEPARTMENT OF HEALTH AND MENTAL HYGIENE

201 WEST PRESTON STREET, O'CONOR BUILDING - 4TH FLOOR BALTIMORE, MARYLAND 21201 - AREA CODE 301 - 225-6871 TTY FOR DEAF: Balto. 383-7555 D.C. Metro 565-0451

March 19, 1987

MEMORANDUM

TO:

Linda Stahr

Administrative Analyst

Department of Fiscal, Services

FROM:

Shane Dennis

Deputy Director

Drug Abuse/Alcoholism Control Administrations

SUBJECT: Methadone Maintenance Statistics

Attached are two memos addressing the treatment longevity of maintenance clients and their outcome. These documents were provided to me by Mr. William Rusinko who is the Chief of Drug Abuse Administration's MIS Division. We hope these documents are of use to you in answering the many queries you are receiving from the various committees.

If you have any questions please contact me.

SD/11v Attachments cc: Chron File DORF WILLIAM DONALD SCHAEFER GOVERNOR

ADELE WILZACK, R.N., M.S. SECRETARY laryland State of

DRUG ABUSE ADMINISTRATION DEPARTMENT OF HEALTH AND MENTAL HYGIENE

201 WEST PRESTON STREET, O'CONOR BUILDING - 4TH FLOOR BALTIMORE, MARYLAND 21201 - AREA CODE 301 -225-6887 TTY FOR DEAF: Balto. 383-7555 D.C. Metro 565-0451

March 18, 1987

MEMORA<u>NDU</u>M

To:

Shane Dennis

From:

William Rusinko

Subject: Methadone Maintenance Outcome

Assessing the success/failure of methadone maintenance is complicated by a number of critical issues. First, evaluation studies have shown that drug rehabilitation, and methadone treatment in particular, is a complex and dynamic process that usually involves multiple treatment episodes before any measure of success can be attained. Relapse is common, and most addicts who can be described as recovered have been in and out of treatment a number of times. In a 12 year Texas A & M longitudinal study of heroin addicts admitted to treatment between 1969 and 1972, it was found that a fourth of the sample never relapsed to daily heroin use during the follow-up period, but 65 percent quit for a month or longer and then relapsed to daily heroin use one or more times. The role of drug abuse treatment was determined to be significant in the recovery process.

With relapse a fact of life and an accepted phase of recovery in a majority of cases, it is no surprise that statistics on treatment episode terminations will be heavily weighted with clients who split against clinical advice and disciplinary discharges. This is evident in recent data from the Maryland drug abuse treatment system. Overall, only about 11% of methadone maintenance discharges during 1986 were in successful categories and about 10% were referrals, which is comparable to national statistics. However, the one variable that is repeatedly found to be associated with treatment success in studies of the effectiveness of drug abuse treatment is length of stay. Looking only at those discharges who had been in treatment longer than three years, over 20% were successful and 16% were referrals. Further, among 2822 cases that remained active on December 31, 1986, over 60% had been in treatment longer than one year, and a third longer than 3 years. Clearly, discharge statistics will always be dominated by clients who are undergoing multiple episodes of abstinence/relapse for a variety of sociological, psychological, physiological and environmental reasons. The key is to increase focus on identification of clients likely to relapse, factors influencing relapse, and retention in treatment. Most methadone maintenance specialists insist that the bulk of successful clients will always be those still in the programs.

Unfortunately, factors such as the transient and underground nature 123 of much of the methadone treatment population, the need to maintain confidentiality and the tremendous expense of conducting follow-up and tracking have

mitigated against thorough studies of the patterns of repeated treatment and long-term abstinence after discharge. The new Substance Abuse Management Information System, to be implemented in FY 1988, was designed to provide the capability for tracking within the system, and this should greatly increase our knowledge about the patterns of repeated methadone treatment.

It is also important to note that maintaining a daily heroin habit is an extremely expensive proposition, and most street heroin addicts are involved in various criminal activities to support their habits, and they will do almost anything to get their drugs. In a study conducted among Baltaimore opiate addicts, Ball, Rosen, Flueck and Nurco found that the mean number of days of criminal activity per year for their sample was 178.5, excluding drug use and possession. Inciardi found that 239 active heroin users in Miami committed 80,644 offenses during a 12 month period. In the Baltimore study, an 84% decline in the crime rate was found during periods of abstinence. Preliminary tables and figures from the Methadone Research Project at the University of Maryland School of Medicine reveal a significant inverse relationship between crime days per week and time spent in methadone maintenance treatment. They also found that 633 addicts were responsible for 24,396 crime days per month during their last addiction periods. Clearly, methadone maintenance is an important tool in combatting criminality of heroin addicts. Also, many of the clients in long-term maintenance hold down jobs and lead productive lives. While only 37% of methadone admissions during 1986 were employed, an average of 55% of monthly active maintenance caseloads were employed during 1986, and another 6% were in educational or skill development programs. It is likely that the employment rate of long-term maintenance clients is even higher. Retaining clients in maintenance is also important from the standpoint of reducing risk of AIDS contracted through the sharing of injection equipment. IV drug users are the principal conduit through which AIDS is being spread to the community at large. Methadone should be regarded as an adjunct to rehabilitation, relieving clients from the day-to-day hustle of seeking and using heroin so that energies can be devoted to lifestyle change. However, most of the data on withdrawal from methadone indicate that success is extremely limited, and most clients will have to undergo periodic withdrawal and recycling before persistent abstinence is achieved.

WR/js

cc: Steve Goldklang
DORF

File

State of Maryland

DRUG ABUSE ADMINISTRATION

MAR 1 3 1087

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

201 WEST PRESTON STREET, O'CONOR BUILDING - 4TH FLOOR
BALTIMORE, MARYLAND 21201 - AREA CODE 301 - 38342720 225-6887

TTY FOR DEAF: Balto. 383-7555 D.C. Metro 565-0451

March 12, 1987

MEMORANDUM

To:

Shane Dennis

From:

William Rusinko

Subject:

Treatment Longevity of Maintenance Clients

The attached tables distribute maintenance clients active on the last day of December, 1986 by the length of time in treatment, and maintenance discharges during 1986 by the length of treatment and the reason for discharge.

The first table shows that of the 2822 maintenance clients active for December, 37.6% had been in treatment less than one year, 29% had been in treatment between one and three years, 20% between three and seven years, 10% between seven and thirteen years, and 3.4% over thirteen years.

The second table shows that of the 1820 clients discharged from maintenance during 1986, 10.8% could be classified as successful, having compleated treatment and/or the treatment plan. The table shows that as the years spent in treatment increase, the percentages of successful discharges generally increase. Whereas 7.4% of clients who had been in treatment less than a year were successful, 15% of clients in treatment between one and three years were successful, 22% of those in treatment between three and seven years were successful, and 18% of those in treatment over seven years were successful.

It is also clear that discharges are heavily weighted with short term clients, when compared with the ongoing active caseload. While 69% of maintenance discharges had spent less than one year in treatment, only 38% of December actives had been in treatment less than a year. About 22% of the actives had been in treatment five or more years, while only about 6% of 1986 maintenance discharges had spent that much time in treatment. These data support the contention of many maintenance advocates that the most successful clients are those that remain in treatment, and not those that generally appear in discharge statistics.

WR/js Attack.

cc: Robert Hayman, Ph.D.
DORF
File

Attachment D (cont.)

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Appendix V.

State of Maryland Department of Personnel: Executive Summary of Proposed Drug Testing Policy

STATE OF MARYLAND DEPARTMENT OF PERSONNEL

William Donald Schaefer Governor



Hilda E. Ford Secretary xQqqqtxTyqesx %x Depury Secretary

301 West Preston Street Baltimore, Maryland 21201 Area Code 301 • 225 -

July 1, 1987

The Honorable R. Clayton Mitchell, Jr. Speaker of the House Co-Chairman Legislative Policy Committee Room H 104 State House Annapolis, Maryland 21401-1991

Dear Chairman Mitchell:

In accordance with the Joint Chairmen's Report enclosed please find the proposed drug testing policy prepared by the Department of Personnel for review by you and other members of the Legislative Policy Committee.

Should you have any questions regarding the proposed policy, you may contact Ms. Catherine K. Austin, Assistant Secretary for Administration at (301) 225-4710.

Very truly yours,

Hilda E. Ford

Secretary of Personnel

lda E. Fordys

HEF: dp

Encls.

cc: The Honorable Charles J. Ryan The Honorable Howard P. Rawlings Members of the Legislative Policy Committee

TO LEGISLATIVE POLICY COMMITTEE

SUMMARY OF PROPOSED POLICY:

The 1987 Joint Chairmen's Report directs the Department of Personnel (DOP) to develop policies and guidelines to implement a drug testing program for certain employees of the State of Maryland which will promote a drug-free State work place as well as protect the privacy and constitutional rights of State employees. The purpose of the proposed policy on preemployment drug testing in Maryland is to (1) respond to the Joint Chairmen's Report; (2) carry out the Department of Personnel's responsibility for setting employee selection standards; (3) establish standards for reviewing appeals resulting from the disqualification of applicants for employment on the basis of drug use; and (4) establish standards for reviewing appeals from adverse action against employees for drug use. The Department of Personnel is responsible for developing a drug testing policy applicable to applicants for positions as Correctional Officer I and Correctional Officer II and to current employees within the context of job performance.

The staff's proposed policy includes the following elements:

- Requires every individual who is offered employment with the State of Maryland as a Correctional Officer I or Correctional Officer II to respond to a question regarding current use of any illegal drugs. The Health Questionnaire and Medical Examination Report include a certification statement that the applicant is drug-free or provide explanatory information.
- Permits preemployment drug testing of all eligibles when they are initially offered employment in "sensitive" classes such as doctors, nurses, heavy equipment operators, etc., where impaired performance from the inappropriate use of drugs would create a potential health or safety hazard for the employee. "Sensitive" classes are those where incumbents have a greater than normal trust for the welfare of others; impaired performance could result in death or injury; and performance is not reviewed so closely that someone else could step in and prevent these negative consequences. All persons who are initially offered employment in these classes, including list appointment, transfer, or other transaction may be tested upon approval of a plan submitted by the appointing authority. Each department would ascertain the need for drug testing for these categories of employees and submit a proposed testing plan to the Department of Personnel for approval. If the Department of Personnel staff determines the plan meets the Department's established criteria, the department can implement it.
- 3. Permits drug testing of employees in Correctional Officer I, Correctional Officer II and "sensitive" positions under any one or more of the following conditions:
 - a. Probable Cause where circumstances give the State a reasonable, objective basis to suspect illicit drug use. This is the most stringent condition for testing and should be equated with objective evidence of illegal drug use that would be sufficient to cause a judge to issue a search warrant.
 - b. Reasonable Suspicion the basis of a reasonable suspicion, based on specific objective facts and reasonable inferences drawn from those

facts in light of experience, that a particular employee is abusing drugs. This is a less stringent standard and basically follows the time tested methods of referrals to the Employee Assistance Program (EAP), based on job performance, absenteeism, tardiness, parameters of general behavior. The so called "physical signs of the drugged" should be the lst important element in the assessment of the individual, and by themselves, without any other indicators, should never be relied on for drug testing.

- c. Incident Triggered this category is most commonly used by the public and private transportation industry where, by policy, whenever there is a motor vehicle accident in the line of duty, the employee involved in the accident is tested. The same principle can be applied to heavy equipment operators, doctors, nurses, etc. whenever an on-the-job injury may have been caused by human error and drug use is suspected as a contributing factor.
- 4. Establishes minimum procedural standards to ensure accuracy and reliability of testing results and to afford applicants due process.
- 5. Identifies a list of illegal drugs to be tested for as a minimum and appropriate testing cutoff levels.
- 6. Describes the consequences of a positive test result based on the job-related requirements of the class.
 - a. Correctional Officer I and Correctional Officer II candidates and candidates for "sensitive" positions may not be considered for appointment for a period of six months from the date their test results are positive unless they can show through the appeals process some irregularity in the drug testing procedure used.
 - b. Candidates who admit to current use of illegal drugs and who are determined to be unfit or unqualified for employment by medical authority are disqualified.
 - C. Candidates that refuse to certify to being drug-free will not be hired.
 - d. Employees who test positive will be warned that continued drug use may be cause for dismissal from State service and referred to the State Employee Assistance Program (EAP) for counselling. Further, such employees shall be required to undergo periodic follow-up testing to ensure compliance with State policy governing drug use by employees in correctional officer and "sensitive" positions.

BACKGROUND:

The Issues

The key issues staff believes need to be resolved in any policy on drug testing are as follows:

- Should the Department of Personnel require testing of applicants for drug use and, if so, which applicants should be tested?
- 2. When should applicants be informed that drug testing will be required? 1.34

- 3. Should the Department of Personnel mandate testing standards for quality assurance purposes?
- 4. What should be the consequences for an applicant of a positive drug test or refusal to test?

Considerations

1. The need for testing applicants for drug use.

It is estimated that drug use by government employees likely mirrors that in society which is about 10-12%. Although there is no compelling evidence that drug usage is causing acute personnel problems for the State of Maryland it is prudent for the State, as an employer, to initiate a reasoned approach to ensure a safe work place and to avoid both the direct and hidden costs associated with employee drug abuse. It is noteworthy that employees abusing drugs are absent 16 times more often than nonabusers; have 3.6 times more accidents; and file compensation claims five times more often. Drug testing programs have resulted in dramatic improvements in work injury rates and accident frequency rates.

The screening of job applicants for drug usage is an increasingly common occurrence in both private industry and public agencies. Currently, at least 25% of the Fortune 500 companies have screening programs for applicants and/or employees. The Federal Government as well as local jurisdictions in Maryland have instituted such programs. The Maryland Department of Corrections and Public Safety is conducting preemployment drug testing for State Troopers, an entry-level peace officer class.

Although the Joint Chairmen's Report does not call for drug testing of all applicants for employment, it does call for testing employees in "sensitive" positions such as correctional officers. Sensitive positions may be defined as those where (1) greater than normal trust exists for the welfare of others; (2) there is a high potential that impaired performance could result in death or injury; and (3) performance is not reviewed so closely that someone else could step in and prevent these negative consequences. It is a logical and consistent step to move from testing employees in "sensitive" positions to authorizing testing of applicants for employment in those same "sensitive" positions. The proposed approach will allow departments which have identified a need for drug testing to request approval from the Department of Personnel to initiate drug testing. Approval would be granted when the department's proposal meets the Department of Personnel's procedural standards.

2. Legal Issues.

The Attorney General's analysis of the legal implications of implementing a drug testing program concluded that the "...Secretary of Personnel has statutory authority to establish, by regulation, a drug testing program for applicants and current employees alike, assuming that the Secretary finds a link between drug abuse and the requirements of particular job categories." The opinion of the Attorney General stipulates that the "Secretary's broad authority to both prescribe what may constitute cause for removal and to make such rules as he deems necessary or proper in the carrying out of the Merit System Law empowers

the Secretary to adopt a drug screening program applicable to current employees. This authority must be grounded in a finding about the link between drug abuse and job performance. The Secretary does not have statutory authority to undertake a drug testing program in pursuit of broader social goals, however desirable, like deterring drug abuse..." The Attorney General's opinion concludes by saying:

- "...(1) Mandatory testing of most categories of State employees would violate the Fourth Amendment prohibition against "unreasonable searches and seizures." The testing of such an employee is permissible only if based upon particularized probable cause, the traditional prerequisites to a search or seizure. In addition, termination of an employee solely because the testing indicates current drug abuse would violate the federal Rehabilitation Act of 1973.
- (2) Mandatory testing of employees whose work is directly related to public safety is also unconstitutional unless certain Fourth Amendment safeguards are followed. Drug testing of these employees for no reason other than the nature of their jobs is not permissible. However, there is no constitutional or other legal bar to mandatory testing of these employees where circumstances give the employing agency a reasonable, objective basis to suspect illicit drug use. Therefore, under this somewhat more relaxed standard than probable cause, testing of correctional officers and other public safety employees, and termination of those who are found to be drug abusers, would be legally permissible.
- (3) Each applicant for a position may be tested only if, as to that particular position, drug abuse would likely make the applicant unable to perform the duties of the job or would likely present a danger to the public or to property. Likewise, the State may refuse to hire, for such a position, an applicant who is shown by testing to be a drug abuser." As to whether the test results for an applicant should be obtained prior to the inclusion of the applicant on an eligible list as a certified candidate for employment, the Attorney General advises that, "...if passing the drug test were properly established as an employment qualification, the timing of the test is discretionary. Whether test results for an applicant should be obtained prior to the inclusion of the applicant on a list of eligibles or prior to the successful applicant's starting work is a question of personnel administration.
- (4) Testing of all applicants for positions as correctional officers, and like public safety jobs, and refusing to hire those who test positive for drug abuse would be legally permissible.
- (5) Any testing program must include reasonable steps to confirm that a positive result is accurate and to assure that specimens are not tampered with or switched. Test results must be secured against unauthorized disclosure. In addition, the termination of a classified employee for drug abuse must be preceded by notice and an opportunity for a hearing."

3. Job Relatedness.

Drug testing should be treated no differently than other selection tools in that an employer must be able to demonstrate that such a screening process is job-related and nondiscriminatory under Federal and State laws and guidelines. For example, drug testing of law enforcement officers is appropriate because such officers should not be in violation of laws which they are required and expected to enforce. However, the job-relatedness tie is more tenuous when drug screening is incorporated into the selection process for clerical workers, analysts, administrators and the like.

4. Estimated Cost.

The estimated cost for an initial drug screening test ranges from \$13 to \$52 per test depending on the type of test used. Overall screening costs would be dependent on the volume and frequency of testing. The recommended testing procedure is to conduct an initial drug screening test followed by a second confirmatory test for any positive test results. Confirmatory tests using the most reliable and acceptable method (GC/MS -gas chromatography/mass spectroscopy) ranges from \$35 to \$50 per test.

The State estimates at least 2000 applicants for Correctional Officer I and II positions will be required to undergo testing annually. Based on this estimate the maximum cost of this program woud range from \$26,000 (\$13/test) to \$104,000 (\$52/test). Assuming 10% (200) of these initial tests were positive requiring a confirmatory test, a conservative cost estimate would be an additional \$10,000 (\$50 per test). The cost to the Department of Personnel would be dependent on the number of appeals filed as a result of disqualification from employment based upon confirmed positive drug test results.

Some caution regarding these cost figures is warranted due to their uncertain nature. These figures are based on estimates for applicants for two classes of employees in a single State Department. The actual cost would depend on the number of additional classes identified as "sensitive", the number of job related accidents investigated, the number of departments opting to test and the State's ability to negotiate a testing contract for the entire State versus multiple contracts for individual departments.

Essentially the cost of initiating testing for Correctional Officer I, Correctional Officer II and "sensitive" class eligibles prior to employment would be limited to the actual cost of testing except where a physical examination is not already required.

The staff is recommending that departments assume the cost of the drug testing as a part of the overall cost of the preemployment and personnel process.

5. Testing Procedures.

Testing protocol is an extraordinarily critical part of establishing a reliable, accurate, well-accepted, and legally defensible drug testing program. Testing procedures should include (a) notifying individuals in advance; (b) collecting the sample; (c) establishing "Chain of Custody"; (d) determining types of screening and confirmatory tests; (e) setting laboratory standards; (f) establishing quality control and evaluation standards; and (g) notifying individuals of appeal rights.

To be suitable, a drug testing policy must specify in sufficient detail the procedures that must be adhered to. Essentially, a forensic protocol standard is desirable to maximize legal defensibility of results.

All testing results must be handled as confidential information and may be made available only to the appointing authority, the State Medical Director and the individual tested except where the individual tested specifically granted permission for disclosure to persons other than thosed cited.

6. Types of Drugs To Be Screened.

As a minimum, the staff is recommending that the testing be for the most prevalent illegal drugs.

Drugs of abuse change from time to time. Therefore, it is necessary that some flexibility exist to change the list of drugs screened for when it appears necessary. Also, departments may want to screen for other drugs. The staff will evaluate these departmental proposed lists on a case-by-case basis. Currently, the National Institute on Drug Abuse (NIDA) focuses on the following illegal drugs as the most prevalent:

- a. Amphetamine and Methamphetamine
- b. Cocaine
- c. Marijuana/Cannabinoids
- d. Opiates (narcotics)

- e. Phencyclidine (PCP)
- f. Barbiturates
- g. Benzodrazepines
- h. Methaqualone

7. Testing Levels.

There are technical capabilities for detecting extremely low levels of drug use. However, to minimize false positive tests and such phenomenon as the passive inhalation of marijuana, it is usually recommended that cutoff levels be established at a practical level which will detect drug use, but is still well above the technical sensitivity of the testing equipment.

Screening tests should be sensitive enough to identify all or nearly all positive samples. Confirmatory tests, however, require a high level of specificity to eliminate all false positives and to confirm the true positive samples. The detection limit is much different from "cutoff" level which is determined administratively. Setting screening cutoffs too low would allow for a longer detection time after drug administration, but the results might be difficult to confirm reliably. On the other hand, setting high cutoff levels will generate false negatives because drugs may be present in significant concentration but below the designated cutoff and would therefore be reported negative.

The staff's proposed cutoff levels in the policy are established at a "practical" level as described above.

8. Consequences of Positive Test.

This policy requires automatic disqualification for appointment for any Correctional Officer candidate who tests positive. In this situation, the individual is precluded from being considered for any appointment as a correctional officer for a period of six months from the date the positive test is conducted.

For "sensitive" classes, such as heavy equipment operators, doctors, nurses, etc., any individual who tests positive should be treated in the same manner as described for the correctional officer classification.

For active employees who test positive, such employee will be (1) cautioned such continued use of illegal drugs could result in their termination from State service and; (2) referred to the State Employee Assistance Program (EAP) for counselling.

Although the use of drugs may indeed impair a person's ability to perform the job, the results of urine drug tests merely show the presence of a drug and not necessarily whether the drug caused impaired performance. It should be noted that even the military does not discharge individuals because of a single positive drug test.

AFFIRMATIVE ACTION CONSIDERATIONS:

According to an Atlanta chemist, the pigment (melanin) in dark-skinned individuals breaks down into fragments in the urine that are chemically similar to THC, the active ingredient in marijuana. Thus, he theorizes, that in very sensitive urine tests, melanin can produce positive test results for individuals who have not used marijuana.

Dr. Peter Oroszlan, the State Medical Director, advises there is no evidence of cross reactivity between melanin, its metabolites, or similar compounds with THC, and that a false-positive result in a person with dark skin is highly unlikely.

The cutoff level that the staff is recommending for identifying a positive test result in marijuana is sufficiently high to preclude false positives and ensure the reliability of the results. For this reason, the skin pigmentation claim is not a credible concern with respect to the staff's proposed policy.

RECOMMENDATION:

That the Committee adopt the Department of Personnel's Policy on Preemployment/Employee Drug Testing for Maryland State Government as described in Attachment A.

Appendix VI.

Office of Justice Assistance: Section IV: Strategy for Addressing the Drug Abuse Problem

SECTION IV: STRATEGY FOR ADDRESSING THE DRUG ABUSE PROBLEM

The State drug control strategy is a multi-faceted plan of action that addresses the problems of substance abuse treatment and rehabilitation, prevention and education, and drug law enforcement. It consists of efforts to reduce the supply of drugs and efforts to reduce the demand for drugs. These efforts are supportive of one another; therefore, they will be conducted in a balanced, coordinated fashion.

Drug supply reduction involves all of the various activities that serve to reduce the availability of controlled dangerous substances. Drug demand reduction involves all of the various activities that serve to reduce the public's demand for controlled dangerous substances.

To effect reduction of the available supply of controlled dangerous substances, State and local authorities must:

- o Identify and remove from the traffic those individuals and organizations responsible for buying, manufacturing or selling illicit drugs.
- o Locate and seize those stocks of illicit drugs that are available for purchase, manufacture or sale.
- o Identify and obtain forfeiture of those funds and assets derived from the purchase, manufacture or sale of illicit drugs.
- o Establish and improve legislation making it personally and financially prohibitive to purchase, manufacture or sell illicit drugs.

To effect reduction of the public's demand for controlled dangerous substances, State and local authorities must:

- o Establish intervention programs to identify drug users and help them free themselves from the demand for controlled dangerous substances.
- Provide treatment and counseling for all drug users who require assistance in controlling their demand for dangerous drugs.
- O Conduct education and prevention programs to increase public awareness and information on the dangers of drug abuse, thereby enhancing a general unwillingness to experiment with or risk initial exposure to dangerous drugs.
- o Target education and prevention resources at youth in school not yet engaged in drug use and youth who are at high risk of becoming drug abusers.
- Obtain community and private sector support and involvement in statewide education and prevention initiatives.

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Criminal Justice Requirements

Although the State and Local Law Enforcement Assistance Act (SLLEAA) provides financial assistance under the formula grant program for 7 legislatively authorized program purposes, prioritization is necessary to assure that resources are provided where the need is most critical and, therefore, where it is felt the impact on drug control will be the greatest. Within this framework for funding the State's criminal justice drug control needs, the priorities for SLLEAA funding for FFY 1987 are determined to be:

- 1. Providing additional resources for more widespread apprehension.
- Providing additional resources for more widespread prosecution (including upgraded and additional crime laboratories).
- Conducting demonstration programs to expedite the prosecution of major drug offenders.
- 4. Providing additional public correctional resources to establish and improve treatment and rehabilitative counseling provided to drug dependent persons convicted of violating state and local laws.

Within these priority program areas, the State strategy will seek to impact on drug control by providing additional resources for projects which focus on one or more of the following:

- o Apprehension and/or Prosecution projects that -
 - Enhance asset seizure and forfeiture;
 - Collect, analyze and share case-oriented information and intelligence;
 - Establish intelligence systems that are permanent and ongoing;
 - Establish or enhance cooperative or coordinated law enforcement efforts which are multi-jurisdictional or multi-agency in nature and avoid duplicative efforts;
 - Disrupt or immobilize selected enforcement targets;
 - Upgrade the skills of law enforcement officers/ prosecutors; or
 - Establish or upgrade the capacity of crime laboratories to assure timely testing of drug evidence.

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- o Major Offender demonstration project that -
 - Coordinate activities with other law enforcement agencies;
 - Collect, analyze and share information and intelligence;
 - Focus on asset seizure and forfeiture; or
 - Target major multijurisdictional narcotics conspirators.
- o Public Correctional Treatment and Rehabilitation projects that -
 - Provide counseling to drug dependent offenders in State or local detention facilities;
 - Provide evaluation, diagnosis and referral for drug dependent offenders who are under the jurisdiction of the criminal justice system; or
 - Identify and meet the needs of drug dependent offenders who are in State or local detention facilities or who are under the jurisdiction of the criminal justice system;

In additional to funding additional resources for law enforcement initiatives, the State strategy will seek to encourage those operational improvements which can often be realized simply through the redeployment of existing resources, through better management and coordination, and/or through legislation designed to enhance State drug control efforts.

Appendix VII.

List of Participants

SPECIAL COMMITTEE ON DRUG AND ALCOHOL ABUSE

Participants and Attendees

Delegate Rosa Lee Blumenthal District 26

Delegate Clarence Davis District 45

Sgt. John Ames
Planning and Reasearch Division
City of Baltimore Police Department
601 E. Fayette Street
Baltimore, Maryland 21201

Ms. Catherine K. Austin Assistant Secretary for Admin. State of Maryland Dept. of Personnel 301 West Preston Street Baltimore, Maryland 21201

Mr. Milton R. Branson, Jr. Public Affairs Representative Baltimore Gas & Electric Co. P.O. Box 1475
Baltimore, Maryland 21203

Ms. Ellen Callegary
Office of the Attorney General
Juvenile Services Agency
Third Floor, Suite 306
321 Falls Way
Baltimore, Maryland 21202

Mr. Chris Costello Chamber of Commerce 60 West Street, Suite 405 Annapolis, Maryland

Sgt.John Draa City of Baltimore Police Dept. 601 E. Fayette Street Baltimore, Maryland 21201

Ms. Hilda E. Ford
Secretary of Personnel
State of Maryland Department
of Personnel
301 West Preston Street
Baltimore, Maryland 21201

Delegate Peter Callas District 2

Delegate Henry B. Heller District 19

Mr. Gerald Anders, Esq.
Office of Anne Arundel County
State Attorney
101 South Street
Annapolis, Maryland 21401

Mr. Mack Bonner, Deputy Secretary Public Health Services Dept. of Health & Mental Hygiene 201 West Preston Baltimore, Maryland 21201

Dr. Barry Brown Addiction Research Center P.O. Box 5180 Baltimore, Maryland 21224

The Honorable S. Chasnow Circuit Court Courthouse P.O. Box 399 Upper Marlboro, Maryland 20772

Mr. Larry Dawson Substance Abuse Division Baltimore City Health Department 303 North Fayette Street Sixth Floor Baltimore, Maryland 21201

Mr. Warren B. Duckett, Jr., Esq. State's Attny., Anne Arundel Co. 101 South Street
Annapolis, Maryland 21401

Mr. Michael C. Fuller Director of Addictions Riverdale Professional Building Riverdale, Maryland 20737 Ms. Carol Giannini
Substance Abuse Coordinator
Montgomery County
101 Monroe Street
Rockville, Maryland 20850

Ms. Julia Irons
Legislative Liaison
Department of Health and
Mental Hygiene
Baltimore, Maryland 21201

Mr. J. Mehsen Joseph, Ph.D., Director Community Surveillance & Laboratories Administration Department of Health & Mental Hygiene 201 W. Preston Street Baltimore, Maryland 21201

Ms. Joann Levy, Programs Specialist Governor's Office of Justice Assistance 6776 Reisterstown Road, Suite 301 Baltimore, Maryland 21215

Ms. Helen McAllister, MD Prince George's Cty. Health Officer Prince George's Cty. Health Dept. Cheverly, Maryland 20785

Sargent John McEntee City of Baltimore Police Dept. 601 E. Fayette Street Baltimore, Maryland 21201

Mr. Walter J. McLellan
Executive Director
Changing Point, Inc.
College Avenue, P.O. Box 167
Ellicott City, Maryland 21043

Ms. Lorna L. Mattern Juvenile Services Agency 321 Fallsway Baltimore, Maryland 21201 Mr. Russell Henke, Health Specialist Maryland State Dept. of Education Annapolis, Maryland 21401

Mr. Jim Jones, Administrative Assist. to the County Administrator George Howard Building 3430 Courthouse Drive Ellicott City, Maryland 21043

Mr. Richard Lane, Executive Director Man Alive Program 2100 N. Charles Street Baltimore, Maryland 21218

Mr. William Lowery Chief of Special Populations Addictions Services Administration 201 W. Preston Street, 4th Floor Baltimore, Maryland 21201

Ms. Gwenda McClain Prevention Coordinator Prince George's Cty. Health Dept. 6201 Riverdale Road Riverdale, Maryland 20737

Mr. Phil McKenna, Manager Employee Assistance Program Baltimore Gas & Electric Company P.O. Box 1475 Baltimore, Maryland 21203

Mr. C. Scott McMillin Addiction Treatment Center Suburban Hospital 8600 Old Georgetown Road Bethesda, Maryland 20814

Mr. Dale Mumford Acting Prevention Coordinator Anne Arundel County Drug and Alcohol Program Arundel Center, Room 422 Annapolis, Maryland 21401 Mr. Dean G. Muscello Maryland State and District of Columbia Professional Fire Fighters 3106 Mitchellville Road Bowie, Maryland 20716

Ms. Donna O'Connell
Procurement Officer
Addictions Services Administration
201 W. Preston Street, 4th Floor
Baltimore, Maryland 21201

Mr. Edward A. Pigo, Assoc. Director Maryland Health Resources Planning 201 W. Preston Street, 1st Floor Baltimore, Maryland 21201

Mr. Randy Rowel, Executive Director Arundel Developmental Institute, Inc. Stanton Community Center 92 Washington Street Annapolis, Maryland 21401

Ms. Valerie L. Siegel Assistant State's Attorney Prince George's County P.O. Box 25 Baltimore, Maryland 21204

Mr. William Skinner Drug and Alcohol Advisory Council 751 Rockville Pike, Suite 27B Rockville, Maryland 20852

Dr. John Steinberg, Medical Director Greater Baltimore Medical Center 6701 North Charles Street Baltimore, Maryland 21204

Mr. Frank Weathersbee, Esq.
Chief Deputy State's Attorney
Office of Anne Arundel County States
Attorney
101 South Street
Annapolis, Maryland 21401

Ms. Ruth Phillips, Prog. Specialist Governor's Office of Justice Assist. 6776 Reisterstown Road, Suite 301 Baltimore, Maryland 21215

Mr. Floyd O. Pond, Director Governor's Office of Justice Assist. 6776 Reistertown Road, Suite 301 Baltimore, Maryland 21215

Mr. Jeffrey A. Schaler, Chairman Drug Abuse Advisory Council of Montgomery County 1001 Spring Street Suite 126 Silver Spring, Maryland 20910-4022

Mr. Howard B. Silverman, Acting Dir. Addictions Services Administration Dept. of Health and Mental Hygiene 201 W. Preston Street, 4th Floor Baltimore, Maryland 21201

Ms. Ruth Spector, Legislative
Liaison
Montgomery Co. Government
Department of Family Resources
101 Monroe Street
Baltimore, Maryland

Ms. Lois Stoner, Legislative Aide Montgomery County Board of Ed. 850 Hungerford Drive Rockville, Maryland 20850

Mr. Robert E. Willette, President Duo Research, Inc. 100 Cathedral Street, Suite 7 Annapolis, Maryland 21401 Appendix VIII.

Minutes

This appendix does not include minutes for the August 11, September 23, October 14, November 4 and December 1, 1987 meetings. Tapes of these Special Committee meetings are available through the Department of Legislative Reference.



House of Delegates

ANNAPOLIS, MARYLAND 21401-1991

PAULINE H. MENES
TWENTY-FIRST LEGISLATIVE DISTRICT

CHAIR, DRUG AND ALCOHOL ABUSE COMMITTEE

HOUSE JUDICIARY COMMITTEE
HOUSE RULES AND EXECUTIVE
NOMINATIONS COMMITTEE
LAW ENFORCEMENT COMMITTEE
STATE ARTS COUNCIL
STATE COMMISSION ON AGING

SPECIAL COMMITTEE ON DRUG AND ALCOHOL ABUSE

MINUTES

Tuesday, October 20, 1987

Members Present

Delegate Pauline H. Menes, Chair

Delegate Leon Albin Delegate J. Ernest Bell, II Delegate Juanita Miller Delegate Kenneth C. Montague, Jr. Delegate Joan B. Pitkin Delegate Jean W. Roesser Delegate Patricia R. Sher Delegate Judith C. Toth

LEGISLATIVE ADDRESS:

3517 MARLBROUGH WAY

COLLEGE PARK, MARYLAND 20740

935-6270

MID-JANUARY TO MID-APRIL

21D LOWE OFFICE BUILDING

ANNAPOLIS, MARYLAND 214D1-1991

WASHINGTON AREA B58-3114

BALTIMORE AREA B41-3114

Others Present

Carol J. Lawson-Green, Co-Counsel Michael W. Reed, Co-Counsel

Delegate Pauline Menes, Committee Chair, called the meeting to order at 2:00 p.m. The Chair stated that the purpose of the meeting was to examine bills which the Committee had proposed or that had been brought to the Committee for consideration to see if they met the standards of the Committee. The Chair indicated that she wanted to establish which legislators were supporting particular pieces of legislation. A legislative package was handed out to the members of the Committee.

The Committee considered a letter drafted by Carol Lawson-Green, Committee Co-Counsel, from the Committee to the Maryland State Department of Education recommending certain administrative changes. The letter requests MSDE's view on immunity for school personnel who report students who are suspected substance abusers; a requirement of one-half credit of drug education for a student to graduate from high school; and a requirement that

high school teachers, principals, and other school administrative personnel take a certain number of drug and alcohol education credits. These recommended administrative changes were originally proposed legislative changes.

A motion was made for acceptance of the letter with certain revisions. A majority of the committee accepted the revised letter. General comments were made following the acceptance of the letter. Carol Lawson-Green in response to Delegate Toth pointed out that it was possible for a student to leave high school without a substance abuse course. She learned this from the recent survey of State schools conducted by the Special Committee. Delegate Roesser stated that she wanted to know if it was necessary for the Committee to ask for an assurance that drug and alcohol education programs be incorporated in the schools. Delegate Toth agreed with Delegate Roesser's remarks and stated that she wanted the education programs to have real impact in kindergarten through eighth grades. Judith Sheehan, of the Prince George's County Public Schools asked if the Committee was focusing on curriculum content. Delegate Montague commented that he was aware that there were different levels of intensity in different jurisdictions and that the Committee should be sure of what level of intensity they desired. Carol Lawson-Green noted that the Committee has been proposing a more intense curriculum. Delegate Toth commented that a one-half credit represents a substantial amount of class time, i.e. one hour for 16 weeks perhaps more than is really needed.

Judith Sheehan pointed out that for kindergarten through eighth grade there is no graduation requirement but that such a requirement could be made a part of the mandated curriculum.

Carol Lawson-Green asked if the Committee was asking the local education agencies to implement or recommend a mandated curriculum. The Committee adopted a motion to send the letter with changes.

The Committee then considered a bill which would require drug and alcohol testing for all probationers. This bill had been developed from testimony offered by Judge Chasnow at a previous meeting of the Committee. Julia Irons of the Department of Health and Mental Hygience commented that there was no need for a law like this since it is already part of the practice of many jurisdictions. Delegate Bell also agreed that many jurisdictions can already do this under the current law. He indicated that the underlying reason for this legislation was to have the test results

expeditiously provided to the court. He stated that under a recent Court of Appeals decision (Wilson vs. State 70 Md. App. 627) the person who administered the test must testify to the validity of the test at trial. He felt that this bill should parallel the alcohol laws and address this evidentiary concern. Delegate Toth expressed concern about this legislation applying to all defendants. Delegate Montague agreed and suggested that the bill should only apply to those who have violated certain laws. Delegate Montague also noted that any person who could not make bail would have their rights forfeited. Carol Lawson-Green asked what would be done after testing. Delegate Toth introduced the new idea of testing of all prisoners in an institution 24 hours after they are admitted. She pointed out that the question in pre-trial is the safety of the institution and that prisoners should not be able to obtain drugs in prison. Delegate Toth clarified that she wanted pre-trial and pre-sentence separated. Delegate Bell suggested that before any legislation is introduced that the Committee should find out what procedures are followed. The Chair suggested that a letter be sent to all jail administrators to determine who enters the institution for drug abuse and to determine if the jails have the authority to test already. Delegate Albin stated that he wanted to broaden the current testing to include psychological testing. The Chair and Delegate Montague expressed concerns about the costs of psychological testing. Delegate Sher pointed out that in this letter to the statewide association of jail administrators the Committee could ask how the testing is paid for now.

On a motion the Special Committee members present accepted a bill which requires the sealing of a search warrant affidavit for a period until investigations are finished or witnesses can be protected. Delegates Albin, Pitkin, Sher, Montague, Miller and the Chair accepted the proposal.

The Special Committee also considered a bill to reduce the first offense driving while intoxicated penalty from 90 to 89 days to establish district court jurisdiction over these matters. The Committee decided to amend the law in accordance with the Gerstung rule. Delegate Montague clarified that this was a practical problem for the courts because defense attorneys are using it to their clients advantage.

The Special Committee also considered a bill brought to the Committee by Delegate Toth to prohibit advertising alcohol on State property. The Chair stated that the focus of the bill is advertisement on buses and does not apply to newspapers or publications. Delegate Montague mentioned that

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this bill could effect many different things and there should be public comment on it before the Committee takes action. Delegate Toth suggested that the Committee draft a letter addressed to the Department of General Services, Department of Transportation, and the Department of Education concerning clarification of policy on advertising alcoholic beverages.

The Committee accepted a motion for a bill that requires an employer who requires job related drug or alcohol testing to have the specimen tested by a laboratory that holds a State permit or is certified or approved by a federal government agency. Delegates Pitkin, Albin, Sher, Montague, Toth, Miller and the Chair accepted the bill.

The Special Committee also considered two legislative ideas. The first idea would eliminate semantic distinctions between alcoholism and drug dependency in the insurance code and the second would provide insurance coverage for treatment of all addictive illnesses. Both of these ideas were coverage for treatment of all addictive illnesses. Both of these ideas were on hold waiting for the report of the Governor's Mandated Benefits Task on hold waiting for the report of the Governor's Mandated Benefits Task on hold waiting for the report of the Governor's Mandated Benefits Task on hold waiting for the report of the Governor's Mandated Benefits Task on hold waiting for the report of the Governor's Mandated Benefits Task on hold waiting for the report of the Governor's Mandated Benefits Task on hold waiting for the report of the Governor's Mandated Benefits Task on hold waiting for the semantic distinctions used in the addictions year that sought to eliminate semantic distinctions used in the addictions year that sought to eliminate semantic distinctions used in the addictions year that Senator field. Delegate Toth suggested that the Committee speak with Senator field. Delegate Toth suggested that the Committee speak with Senator field. Delegate Toth suggested that the Committee speak with Senator field. Delegate Toth suggested that the Committee speak with Senator field. Delegate Toth suggested that the Committee speak with Senator field. Delegate Toth suggested that the Committee speak with Senator field. Delegate Toth suggested that the Committee speak with Senator field. Delegate Sher Crawford would have information concerning this issue. Delegate Sher Crawford would have information concerning this issue. Delegate Sher Crawford would have information concerning this issue. Delegate Sher Crawford would have information concerning this issue. The Chair stated that the interim report can reflect grouped with addicts. The Chair stated that the interim report can reflect grouped with addicts. The Chair stated that t

The Special Committee considered a bill to require addictive illness educational requirements for professional schools and health care practitioners. Julia Irons of DHMH pointed out that in the juvenile justice system the attorney may need to operate in the best interest of the child and a course could help the attorney to do that. Delegate Montague and a concerns with the purpose of the training and asked that the expressed his concerns with the purpose of the preamble of the bill. The purpose of this proposal be spelled out in the preamble of the bill. The Committee also asked, at the request of counsel, that a letter be sent to Committee also asked, at the request of counsel, that a letter be sent to the Standing Committee on Rules and the Judiciary Committee. The Committee the Standing Committee on Rules and the Judiciary Committee, Roesser, voted to accept the proposal. Delegates Pitkin, Albin, Miller, Roesser, Montague, Toth and the Chair voted for the proposal.

The Committee also considered a bill to make mandatory drug and alcohol treatment a special condition of sentencing persons under 21 years of age. Delegate Albin asserted that a minimum of 96 hours of assessment should be maintained. The Committee accepted the bill. Delegates Albin, Miller, Roesser, Montague, Toth and the Chair voted in favor of the measure.

The Committee also examined the idea of authorizing the seizure and forfeiture of illicit profits of the drug trade. The Chair suggested that the Committee defer to the House Judiciary and Senate Judicial Proceedings Committee and support their recommended action.

The Committee examined a bill that would authorize drug testing in the private sector. Delegate Roesser and the Chair suggested that the experience of the Department of Personnel with drug testing should be examined first before drug testing is imposed in the private sector. Jack Sprague, a representative of IBM, Inc., stated that his company is already conducting testing.

Finally, the Committee examined a proposal which would authorize a court, prior to certain juvenile law proceedings, to order alcohol for drug treatment. The Chair favored this proposal but Delegate Toth suggested that the proposal be redrafted to resemble the current law governing involuntary committment of minors.

The counsel were requested to make these changes to the legislative proposals for the November 4, 1987 meeting of the Special Committee and draft the requested letters.

Respecfully Submitted,

Michael W. Reed

Co-Counsel

MWR/emk



House of Delegates

ANNAPOLIS, MARYLAND 21401-1991

PAULINE H. MENES
TWENTY-FIRST LEGISLATIVE DISTRICT

CHAIR, DRUG AND ALCOHOL ABUSE COMMITTEE

HOUSE JUDICIARY COMMITTEE SPECIAL COMMITTEE ON DRUG AND ALCOHOL ABUSE

HOUSE RULES AND EXECUTIVE NOMINATIONS COMMITTEE LAW ENFORCEMENT COMMITTEE STATE ARTS COUNCIL STATE COMMISSION ON AGING

MINUTES

Tuesday, September 8, 1987

LEGISLATIVE A DDRESS: 3517 MARLBROUGH WAY COLLEGE PARK, MARYLAND 20740 935-6270

MID-JANUARY TO MID-APRIL 210 LOWE OFFICE BUILDING ANNAPOLIS, MARYLAND 21401-1991 WASHINGTON AREA 858-3114 BALTIMORE AREA 841-3114

Members Present

Delegate Pauline H. Menes, Chair
Delegate Leon Albin Delegate J.
Delegate J. Ernest Bell, II Delegate P
Delegate Joan B. Pitkin Delegate V
Delegate D. Bruce Poole

enes, Chair Delegate Jean W. Roesser Delegate Patricia R. Sher Delegate Virginia M. Thomas

Others Present

John Steinberg, M.D.

Staff Present

Carol J. Lawson-Green Committee Counsel

Michael W. Reed Committee Counsel

The Chair introduced Hilda E. Ford, the Secretary of Personnel, who appeared before the Special Committee to testify on the proposed drug testing policy prepared by the Department of Personnel. Secretary Ford began by pointing out that this proposed policy is important for employee performance. Secretary Ford also pointed out that the proposed policy is consistent with the most recent Attorney General's opinion concerning drug testing and meets the requirements of Title 7 and due process of the law.

The Secretary pointed out that the 1987 Joint Chairmen's Report directs the Department of Personnel (DOP) to develop policies and guidelines to implement a drug testing program for certain employees of the State of

Maryland which will promote a drug-free State work place as well as protect the privacy and constitutional rights of State employees. The purpose of the proposed policy on preemployment drug testing in Maryland is to:

- 1. respond to the Joint Chairmen's Report;
- carry out the Department of Personnel's responsibility for setting employee selection standards;
- 3. establish standards for reviewing appeals resulting from the disqualification of applicants for employment on the basis of drug use; and
- 4. establish standards for reviewing appeals from adverse action against employees for drug use.

The Department of Personnel is responsible for developing a drug testing policy applicable to applicants for positions as Correctional Officer I and Correctional Officer II and to current employees within the context of job performance.

The Department of Personnel's proposal:

- 1. Requires every individual who is offered employment with the State of Maryland as a Correctional Officer I or Correctional Officer II to respond to a question regarding current use of any illegal drugs. The Health Questionnaire and Medical Examination Report include a certification statement that the applicant is drug-free or provide explanatory information;
- 2. Permits preemployment drug testing of all eligibles when they are initially offered employment in "sensitive" classes such as doctors, nurses, heavy equipment operators, etc., where impaired performance from the inappropriate use of drugs would create a potential health or safety hazard for the employee. "Sensitive" classes are those where incumbents have a greater than normal trust for the welfare of others; impaired performance could result in death or injury; the performance is not reviewed so closely that someone else could step in and prevent these negative consequences. All persons who are initially offered employment in these classes, including list appointment, transfer, or other transaction may be tested upon approval of a plan submitted by the

appointing authority. Each department would ascertain the need for drug testing for these categories of employees and submit a proposed testing plan to the Department of Personnel for approval. If the Department of Personnel staff determines the plan meets the Department's established criteria, the department can implement it.

- 3. Permits testing of employees in Correctional Officer I, Correction Officer II and "sensitive" positions under any one of more of the following conditions:
 - a. Probable Cause where circumstances give the State a reasonable, objective basis to suspect illicit drug use. This is the most stringent condition for testing and should be equated with objective evidence of illegal drug use that would be sufficient to cause a judge to issue a search warrant;
 - b. Reasonable Suspicion the basis of a reasonable suspicison, based on specific objective facts and reasonable inference drawn from those facts in light of experience, that a particular employee is abusing drugs. This is a less stringent standard and basically follows the time tested methods of referrals to the Employee Assistance Program (EAP), based on job performance, absenteeism, tardiness, parameters of general behavior. The so called "physical signs of the drugged" should be the 1st important element in the assessment of the individual, and by themselves, without any other indicators, should never be relied on for drug testing.
 - c. Incident Triggered this category is most commonly used by the public and private transportation industry where, by policy, whenever there is a motor vehicle accident in the line of duty, the employee involved in the accident is tested. The same principle can be applied to heavy equipment operators, doctors, nurses, etc. whenever an on-the-job injury may have been caused by human error and drug use is suspected as a contributing factor.
- 4. Established minimum procedural standards to ensure accuracy and reliability of testing result and to afford applicants due process.
- 5. Identifies a list of illegal drugs to be tested for as a minimum and appropriate testing cutoff levels.

- 6. Describes the consequences of a positive test result based on the job-related requirements of the class. For example:
 - a. Correctional Officer I and Correctional Officer II candidates and candidates for "sensitive" positions may not be considered for appointment for a period of six months from the date their test results are positive unless they can show through the appeals process some irregularity in the drug testing procedure used.
 - b. Candidates who admit to current use of illegal drugs and who are determined to be unfit or unqualified for employment by medical authority are disqualified.
 - c. Candidates that refuse to certify to being drug-free will not be hired.
 - d. Employees who test positive will be warned that continued drug use may be cause for dismissal from State service and referred to the State Employee Assistance Program (EAP) for counselling. Further, such employees shall be required to undergo periodic follow-up testing to ensure compliance with State policy governing drug use by employees in correctional officer and "sensitive" positions.

Secretary Ford pointed out that the State is already testing entry level State Troopers and that the Department will assume the cost of testing. Secretary Ford point out several times that the Administration recognized the need for sophisticated supervisors to implement the policy.

Delegate Albin asked the Secretary if the administration will police the testing. Secretary Ford responded that the Department must identify what is sensitive. Delegate Albin asked if there was a need for the formalization of the process through legislation. Secretary Ford responded negatively. Delegate Albin also asked about the public relations, i.e. how are employees responding to testing. Secretary Ford pointed out that there has been little resistance to the testing already conducted. Delegate Albin stated that he believed that there is a fear of universal drug testing.

Delegate Pitkin asked about protection of those being tested or what will be done to test the tester. Catherine K. Austin, Assistant Secretary for Administrations, Department of Personnel responded that a TLC confirmatory test is conducted within twenty-four hours of the first test results. Assistant Secretary Austin pointed out that in many cases the Department will contract out both the primary test and the confirmatory test.

Delegate Thomas asked why alcohol testing was not also included in the proposed testing policy. Secretary Ford stated that she also was concerned with this question because half of the Department of Personnel administration health insurance package is represented by mental health.

Delegate Sher noted that the proposal required a test for certain persons, but desired to know if the proposal also required a test for those in the sensitive class. Secretary Ford responded that the policy was written specifically for corrections officers, but it also may be useful to the State in other specific situations. The proposal refers to other examples for possible testing. Delegate Sher asked about the possibility of getting the proposal to refer to others. Secretary Ford pointed out that the agency must determine that persons tested are being tested because their drug use could affect their performance on the job. She also pointed out that the Department of General Services and Transportation want to develop standards but they are being prudent.

Delegate Sher stated that she was also concerned with the possibility of poor performance by labs. Secretary Ford asserted that she also shared those concerns.

The Chair pointed out that the proposal does not mention training personnel to recognize those under the influence of drugs. Secretary Ford pointed out that such training would be helpful to the existing employee assistance program. She asserted that the program works because it was founded on job related behavior. She pointed out that we must be careful because the behavior could be induced by the use of a legal drug. The Chair asked if a person could mislead by saying that they are taking a legal drug when they are in fact taking an illegal drug. Secretary Ford responded that if the person's job performance was affected the type of drug could be investigated. The Secretary pointed out that training of supervisors is not a high priority in Maryland.

The Chair asked why the proposal did not use the standard list of drugs contained in the law when testing for drug use. Ms. Austin pointed out that the list in the proposal contains the eight most prevalently used drugs. She stated that a broader list was not used because of the costs.

The Chair pointed out that she is concerned with the Secretary's lack of concern about alcohol testing.

Delegate Thomas pointed out that she is concerned with the distinction made by the proposal between legal and illegal drugs. Secretary Ford responded that testing for any drug must be job related, then a person can be sent to an employee assistance program. Secretary Ford asserted that she is not supporting universal testing.

Mr. Ryland of the Office of the Attorney General pointed out that the most recent Attorney General's report focuses on job relatedness.

Dr. Steinberg praised the drug testing proposal. He also pointed out that P.C.P. is removed from the human system erratically so it would be difficult to test. He advised the Committee that the testing proposal uses the standard test for marijuana. Dr. Steinberg also expressed his concern about alcohol in the workplace. He pointed out that alcohol often manifest itself in work related problems and that alcohol damage in the workplace is three times greater than drug damage. Dr. Steinberg also pointed out that physical signs can be misdiagnosed by the personnel manager. He complimented the confidentiality of test results contained in the proposal and stated that the levels for testing are imminently fair.

Dr. Steinberg pointed out that the TLC test that the proposal uses cost approximately \$10 for all drugs and the EMT cost \$10 for each drug.

The Chair pointed out to the members of the Committee that the Committee will send comments on the proposal to the Legislative Policy Committee.

Judge Chasanow was introduced by the Chair. He pointed out that people on drugs commit a disproportionate number of crimes. Judge Chasanow offered three legislative proposals:

- 1) The State should require drug testing for all on probation (based on Wilson v. State 70 Md.App. 527);
- 2) Random pre-sentence drug testing as a part of the pre-sentence investigation. The test would be prima facie evidence and failure to take the test would be admissable against the defendant; and
- 3) A drug test for all pre-trial detainees.

Judge Chasanow responded to a question from Delegate Sher that he would support testing for alcohol. He pointed out that he is cautious about no alcohol being allowed.

Judge Chasanow pointed out that most detention centers do not regularly test for drugs, and that only about three or four jurisdictions have the ability to get a drug screen.

Judge Chasanow also made it clear that the legislative proposals he recommended do not require the judge to have the power to declare individuals in contempt of court.

The Chair asked the Attorney General present whether there were any other legal considerations the Special Committee should be aware of. The Attorney General answered that there are a number of cases on employee drug testing. Most of these cases are at the preliminary injunction stage.

Dr. Steinberg made two observations:

- 1) that he supports random drug testing in pre-sentence and probation populations; and
- 2) That alcohol test results are only admissable when given within two hours after being requested.

The Chair then polled the members concerning the Department of Personnel's drug testing proposal. The members of the Committee had no objection to the proposal.

Delegate Pitkin presented a job notice to the Committee from the Maryland Addiction Services Administration. The notice concerned the director of the new Addictions Services Administration. Delegate Pitkin expressed her concerns that the salary might be too low. Carol Lawson-Green, Committee Counsel, suggested that the Committee send a letter expressing their concerns. The Committee charged Ms. Lawson-Green to draft a letter to the appropriate officials concerning this matter.

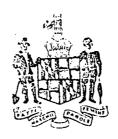
The meeting adjourned at 7:00p.m.

Respectfully Submitted,

Michael W. Reed

Committee Counsel

MWR/emk



House of Delegates

ANNAPOLIS MARYLAND 21401-1991

PAULINE H. MENES TWENTY-FIRST LEGISLATIVE DISTRICT

CHAIR, DRUG AND ALCOHOL ABUSE COMMITTEE HOUSE JUDICIARY COMMITTEE

HOUSE RULES AND EXECUTIVE

NOMINATIONS COMMITTEE LAW ENFORCEMENT COMMITTEE

STATE ARTS COUNCIL

STATE COMMISSION ON AGING

SPECIAL COMMITTEE ON DRUG AND ALCOHOL ABUSE

MINUTES

Tuesday, July 21, 1987

Members Present

Delegate Pauline H. Menes, Chair

Delegate J. Ernest Bell, II Delegate Juanita Miller Delegate Kenneth C. Montague, Jr.

Delegate Mark C. Pilchard

Delegate Jean W. Roesser Delegate Patricia R. Sher Delegate Virginia M. Thomas Delegate Judith C. Toth

LEGISLATIVE ADDRESS:

3517 MARLBROUGH WAY

COLLEGE PARK, MARYLAND 20740

935-6270

MID-JANUARY TO MID-APRIL

210 LOWE OFFICE BUILDING

ANNAPOLIS, MARYLAND 21401-1991

WASHINGTON AREA 858-3114

BALTIMORE AREA 841-3114

Others Present

Delegate Peter Callas

Staff Present

Carol J. Lawson-Green Committee Counsel

Scott Ollar Legislative Aide

The Chair opened the meeting at 2:10 p.m. and introduced the speaker, Lorna Mattern, Public Information Officer for the Juvenile Services Agency (JSA).

Ms. Mattern presented her background of 24 years work with youth and families as teacher, social worker, and juvenile services intake staffer. Ms. Rossi, Director of JSA, sent her regrets for not being able to address the Special Committee at this time but she has just returned from a visit to other states where she examined resources to see what could enhance the programs in the State of Maryland.

Ms. Mattern noted that the youth coming to the agency today have concomitant problems including suicide tendencies, learning disabilities, and substance dependency. These problems are interrelated and must be treated concurrently by the agency. There is ongoing discussion with other agencies about the "primary problem" of particular youth clients. There are many young people within the agency whose "primary problem" is drugs or alcohol use. While many of the young people are delinquents, their "primary problem" is drugs and alcohol. Without drugs and alcohol the youth would not be classified delinquent.

Ms. Mattern stated that the Agency does not have one policy, or standardized process, regarding treatment of drug and alcohol abuse. The Agency recognizes the need to have a policy. This policy must be developed in conjunction with other agencies, such as the Alcohol Control Administration, Drug Abuse Administration, and the Mental Hygiene Administration. She said JSA relys heavily on the local health departments and some have more programs than others.

Ms. Mattern described the primary areas as prevention programming, which includes residential facilities for youth that run away but are not under the jurisdiction of the court. Since these facilities are funded wholly or in part by JSA, records are kept regarding the types of services they deliver. There are also 21 non-residential youth service bureaus around the state. She further stated that 27 percent of the young people that stay at the facilities for run aways consider themselves to have a problem with drugs and alcohol. At the youth service bureaus, drug and alcohol problems rank second among identified problems, first being family problems, third emotional problems, and fourth school problems.

Delegate Sher asked if family problems were identified as involving drugs and alcohol. According to Ms. Mattern that data is not available, because young people are hesitant to be specific about their parents in this regard. However, their experience has been that the incidents of alcohol and drug abuse is higher among parents with children who use drugs and alcohol.

Ms. Mattern stated that there are 6,000 youths counseled every year in these drug and alcohol prevention programs. In the court services, at the point of in-take, when the youths are first referred to their system there are no figures as to how many of them have alcohol related problems. Ms. Mattern stated that HB 88 (of 1982) requires handling of individuals referred to the agency using certain procedures. Under the law, if the youth brought to JSA admits to the offense they are charged with, there are three options for dealing with them: 1) 20 hours of community service for a first offense, and a maximum of 40 hours community service for a subsequent offense; 2) referral to the health department for counseling; and 3) have the parents consent to surrender the drivers license of the individual for

30, 60 or 90 days depending on the severity of the act. If the young person does not admit to the offense, the citation is sent immediately and automatically to the States Attorney's office and it is up to them to decide if they are going to process it. It is in the law that there be an individual treatment plan developed for each young person that comes into the system. This involves reviewing each case for their problems and needs and perscribing a program that is made for those needs. The services given to youth in court services, involves primarily local resources, maybe the health department or local hospitals.

Assessment teams, which are being piloted in five counties and Baltimore City, fully review each youngster who is at risk of being removed from the home. That removal may take them to one of our institutions such as Montrose, or to a community based residential program. The team includes social workers, psychological specialists, and educational specialists who review each youth to determine if it is appropriate for them to be removed from their home, and if so, what the best program for them would be. Drug and alcohol abuse is one of the factors considered when evaluating the youth.

Based on FY 1986 and 1987 statistics it is projected that in FY 1988 \$15 million will be spent on community based residential care and for purchasing services the youth may need if still living at home. Ms. Mattern stated that she is not able to break that figure down as to how much goes for drug and alcohol counseling, but generally speaking, the vast majority of youngsters who go into purchased care placement or require purchased care services have a drug or alcohol problem, and therefore, a significant amount of the money goes for drug and alcohol counseling.

There are three community based residential care facilities they depend on a great deal to work with youngsters whose primary problem is drugs or alcohol. They are the Excell Program, Second Genesis Program, and Karma House, Inc. (KHI). Many of the other programs have drug and alcohol counseling as a part of their overall program.

In March of this year five staff were added to Montrose to work with youngsters who have drug and alcohol problems. This staff has interviewed all young people going into Montrose in the last two months. The youngsters were interviewed within two days of admission and 47 of them are in treatment for drug and alcohol problems. There were three standardized tests used to determine if the youngsters were chemically dependent and they found, of all youngsters admitted since that time, 64 percent were chemically dependent.

The Chair asked if, prior to two months ago, JSA know about and had programs for chemically dependent youth. Ms. Mattern responded they had a very informal program, with the existing staff counseling the youngsters.

but the staff was not properly trained. She stated this is the first major step the Agency has taken to get some counseling at Montrose.

Ms. Mattern stated that Mr. Thomas found that drugs and alcohol were the "primary problem" for many of those youngsters identified as having chemical dependency, and that they should be treated outside of Montrose. She further stated that this has been an issue that has been "bounced back and forth" for quite a number of years, whether a "primary problem" of drug and alcohol abuse should be treated in a correctional environment. After a request for clarification from the Chair, Ms. Mattern stated that Mr. Thomas feels the program could be community based, or more secure, depending on the extent of the youngsters dependency. He feels it should not be a correctional agency, but a drug or alcohol abuse control agency, and that they are improperly placed at Montrose.

According to Ms. Mattern, Mr. Thomas feels that in the instances where the "primary problem" was drugs and alcohol, every offense was linked directly to the use of drugs or alcohol. He felt it was not the disposition of the youngsters to be delinquency prone. This does not apply to those youths that come in on drug related offenses such as dealing, because many of them are not dependent.

Ms. Mattern stated that the JSA is also working to develop a cooperative program with the Drug Abuse Administration and the Alcohol Control Administration. Ms. Mattern stated that the Governor has made working with youth a priority, and he recognized the need to make significant changes in JSA as it involves working with youth who have drug and alcohol problems as well as problems in other areas.

There is a newly appointed Deputy Director Ben Jones, who has experience working with drug and alcohol programs and personally administered a large substance abuse grant in New York City. Mr. Jones will be utilizing his expertise for grant and program development for Maryland. JSA also plans to be working with Floyd Pond of the Governor's Office for Justice Assistance, who will be coordinating substance abuse prevention and treatment programs.

Delegate Thomas asked how long an identified chemically dependent youth would stay at Montrose and Ms. Mattern responded three to five months. Delegate Thomas also asked if, after leaving Montrose, there is any case management or referral to another type of treatment center. Ms. Mattern stated there is an after-care worker in court services who works with the youth while at Montrose and works with Montrose on after-care plans for returning to the community. These plans may be contingent on resources available in the community. Delegate Thomas asked what the caseload of an after-care worker is. Ms. Mattern stated it could vary from location to location within the State, and could be in the thirties.

Delegate Toth asked what the cost is for each client at Montrose and Ms. Mattern stated she believes it is close to \$20,000 per year but will have to verify that.

Delegate Roesser asked how many residents are in Montrose and the size of the staff, and Ms. Mattern said 196 residents as of last week but she is not sure of the size of the staff. Delegate Roesser also asked what the alternative situation would be for those youths that Mr. Thomas feels should not be at Montrose. Ms. Mattern responded that in most instances there is not an alternative, that the problem has grown faster than the resources needed for them. Delegate Rosser asked the capacity of Second Genesis and KHI. Ms. Mattern stated 11 or 12 at KHI, and Second Genises is about twice that size. Second Genises takes adult referrals also, Ms. Mattern stated that the youth programs have been very slow to develop. Delegate Roesser asked if KHI receives private funding and what the mix of private and government funding is. Ms. Mattern said that they anticipate paying them in excess of \$360,000 in FY 1988 for their programs.

Delegate Montague asked about Ms. Mattern's statement that they have no standard policy for treating alcohol and drug abuse clients. Ms. Mattern stated that the policy is for each youngster to have an individual treatment plan. Delegate Montaque asked how the treatment plan is developed. Ms. Mattern explained that a home investigation is conducted, a review is made of their educational background and, as needed, a report from the psychologist or therapist who had been working with them. Delegate Montague asked for clarification regarding JSA relying on the policy of other agencies. Ms. Mattern explained that JSA often relies on the programs of other agencies, for example, local health departments and their alcohol programs. Where there are drug and alcohol abuse programs available they use them in other counties. Delegate Montague asked about the policies of programs in other counties, and Ms. Mattern verified that often the programs and policies of other systems are followed when youth are placed in their jurisdiction. She further stated that some youngsters are placed in correctional institutions, not because they need correctional programming, but because they need an environment that provides some kind of attention and that may be all that is available. Delegate Montague asked if it would be better for JSA to develop its own policy at a central level instead of relying on policies of various agencies, and she replied that they could have a policy but it would not do any good if the resources are not there. Delegate Montague asked how can any improvement be accomplished in the services of the Agency if the approach is one that forces them to rely on other jurisdiction's resources. Ms. Mattern said she believes the intent of the administration is to work more closely with the ACA and DAA in a cooperative agreement and to share resources to fund this kind of program.

Delegate Sher asked if community based programs will be "beefed up" and more funding made available for facilities like Second Genesis. Ms.Mattern

replied yes, and Delegate Sher asked if there are programs like Second Genesis in other places in the State and Ms. Mattern replied no. Delegate Sher commented on Deputy Director Ben Jones and the fact that adults in New York with drug and alcohol problems are assigned to enroll in a program for a period of time and if they do not finish the program they go to jail, and even though it is forced treatment it works. Ms. Mattern said they have tried unsuccessfully to do that in the past, however Ms. Rossi plans to institute a classification system, with the primary classification being public safety. Every youngster coming into the system will be classified. and the programs prescribed for them will directly relate to their classification. Delegate Sher further mentioned a school in Groves City. Pennsylvania called Georgia's Junior Republic which does great things with delinquent youth and could possible be used as a model program though it does not relate directly to drug and alcohol problems. Ms. Mattern stated. that Ms. Rossi has visited six states and plans to visit many more to find the best program ideas for Maryland.

Delegate Menes asked about plans for other schools such as Hickey. Ms. Mattern stated that at present there are only two counselors working with youth on drugs and alcohol at Hickey and right now Ms. Rossi is looking at major changes for Montrose and Hickey.

The Chair asked if they anticipate that community based drug and alcohol treatment, in lieu of incarceration in Montrose and Hickey, will be requested for funding and development within the next legislative session. Ms Mattern replied she feels there will be an increase for funding of community based care. However, for programs strictly relating to drugs and alcohol she feels Ms. Rossi will continue to rely on the Drug and Alcohol Administration, Ms. Rossi also intends to expand on programs that deal with delequency related to drugs and alcohol problems. Delegate Menes stated that the Committee would like as much information as the Agency can provide concerning the Agency's philosophy, requests for funding, and for changes in direction, for the next session in order for the Committee to review and perhaps be supportive of their approach.

The Chair asked Ms. Mattern what their highest priority would be for improvement in the system of dealing with juveniles in the substance abuse area. Ms. Mattern stated it would be to provide immediate access to community based treatment, residential and non-residential, which would include properly trained staff and also to involve their families. The Chair asked if, it would be decided at in-take, after the evaluation, to put the youth into a community based program, and Ms. Mattern stated yes, however, in order for JSA to pay for certain residential and non-residential programs, the youngster must be brought into the system, a petition has to be filed and they have to go before a judge. The youth must be found delinquent before JSA has the legal jurisdiction to release money for purchase of services and care. She stated that for many youths it is an unjust situation but it is recognized by intake that a substance addiction

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exists and this is the only way to get them in the program. Ideally, those programs would be available without having to find them delinquent. Delegate Menes asked if the parents could agree to pay for the program and avoid finding them delinquent, and she replied they could but the cost is prohibative.

Delegate Thomas asked if, once a youngster is picked up by the police and evaluated, the report is given to a judge. Ms. Mattern stated it is not automatic; of the approximate 38,000 referrals a year 15,000 to 17,000 are petitioned to go into court, the others are not taken into the system. Delegate Thomas asked further if, at the time the judge hears the case, there is an analysis or treatment plan presented to him by JSA and Ms Mattern explained that the first hearing is to determine if the youth is delinguent, and generally within 30 days, there is a disposition hearing, and it is at this time the treatment plan is presented to the judge. Delegate Thomas asked why, at that point, so many are going to Montrose instead of a drug and alcohol treatment program and Ms. Mattern stated that less than 10 percent are going to institutions, including Montrose. The majority remain at home and with community based care. In response to a clarifying question from the Chair regarding why then there are so many going to Montrose, Ms. Mattern pointed out that many of those in Montrose are there for violation of probation, and that is the judges decision, some are recidivistic, some 40 percent of those youngsters going to intake have major effective disorders and have been in psychatric or mental health institutions prior to going to Montrose. Delegate Thomas continued with her point by saying that if a youth has a diagnosis at intake that clearly says Montrose is not the best place for them, how do they end up there? Ms. Mattern stated that in some jurisdiction the judges rely on the recommendations, in other cases the judge will not, and sometimes a desperate juvenile counselor will recommend it as a lesser of evils.

The Chair asked if they plan to do any analyizing of those youths now at Montrose that they feel are inappropriately placed and Ms. Mattern said it was done within the past few years. The Chair asked if that analysis included the home county that sent the youth to Montrose, and if so the Committee may find a connection between available programs and inappropriate placement that might tie in with a project that the Committee has undertaken, she further requested that Ms. Mattern forward to them what analysis is available.

Ms. Mattern recapped those question the Committee had for her in order to make sure she could do the proper research. They are:

- The average per capita cost at Montrose;
- 2. The average caseload;

- 3. How much money comes from private sources at KHI;
- 4. What kind of policy is JSA going to have regarding drugs and alcohol;
- 5. Philosophy in requests for funding of changes in the direction of the JSA, specifically as it involves drug and alcohol abuse;
- Montrose analysis in regard to inappropriate placement, resources, etc.

Delegate Menes mentioned there must be some figures available that give the total number of placements available to JSA, both public and private, and also the number of placements needed, in order to develop some sense of the "gap" between the two. Delegate Menes asked if JSA does any out of state placements for drug and alcohol abuse and Ms. Mattern said not specifically for drugs and alcohol but to programs that include drug and alcohol, and Delegate Menes asked that she include those facilities in her report to the Committee in order to help them determine what is available and what is still needed. Ms. Mattern mentioned that a lot of facilities will not accept delinquents even if the major problem is related to drugs and alcohol. The only exception would be a minor offense, something that does not involve assault but unfortunately assault is one the offenses most commonly associated with drugs and alcohol.

A question was asked relating to youths with suicidial tendencies and if after they stop drugs and alcohol they are still suicidal, and Ms. Mattern stated that it is difficult to determine cause and effect but a great deal of them have effective disorders and if the drugs and alcohol are taken away they will find another outlet, it is found that when drugs and alcohol are taken away it is necessary to find something acceptable to them to take its place.

Ms. Mattern was asked what the rate of recidivism is and also how it is determined, she was also asked to supply the number of these children in residential facilities that become more delinquent and end up in Montrose and she said she would get the answer to those questions for the Committee.

The Chair thanked Ms. Mattern for her presentation and stated that the information she provided, and will be sending to the Committee, is what the Committee wanted and needed to know.

The Chair addressed the Committee regarding the questionnaire and talked about what the process for conducting the survey should be.

The Chair referred to the agenda item relating to legislative recommendations that have been developed as a result of the testimony

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received by the Committee. She said at this point they should start to go through the recommendations and determine if they are valid and if so to proceed to get them to draft legislation form.

Carol J. Lawson-Green, Committee Counsel, referred to the list of MSBA recommendations to the Maryland General Assembly found in the their report "Harmfully Involved." She proceeded to address their recommendations, as well as other areas of concern. Initial discussion centered on legislative ideas concerning:

Immunity for teachers and educational personnel from civil liability when acting upon suspected use, possession and sale of substances by a student;

Eliminating semantic distinctions between alcoholism and drug dependencys in the Insurance Code;

Providing insurance coverage for treatment of all addictive illnessed;

Legislation or recommendations for State licensed personnel, having contact with youth, to be trained to identify drug and alcohol related problems;

Mandatory drug/alcohol treatment as a special condition of sentencing persons under 21 years of age;

The need for training of personnel that would enable them to do an assessment for drug use similar to the ability to assess for alcohol use, training that could be applicable interdepartmentally;

The forfeiture bill is being addressed in the Judiciary Committee and the Special Committee will review it to determined if they can support it in its proposed form.

The Chair said that anyone wanting to discuss other possible legislation should contact Carol J. Lawson-Green and have it added to the list of areas to be considered and discussed.

The meeting was adjourned at 5:15 p.m.

Respectfully submitted,

Carol J. Lawson-Green, Legislative Counsel

'/emk



House of Delegates

ANNAPOLIS, MARYLAND 21401-1991

PAULINE H. MENES
TWENTY-FIRST LEGISLATIVE DISTRICT
CHAIR. DRUG AND ALCOHOL ABUSE COMMITTEE
HOUSE JUDICIARY COMMITTEE
HOUSE RULES AND EXECUTIVE

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SPECIAL COMMITTEE ON DRUG AND ALCOHOL ABUSE

LEGISLATIVE ADDRESS: 3517 MARLBROUGH WAY COLLEGE PARK, MARYLAND 20740 935-6270

MID-JANUARY TO MID-APRIL 210 LOWE OFFICE BUILDING ANNAPOLIS, MARYLAND 214D1-1991 WASHINGTON AREA 858-3114 BALTIMORE AREA 841-3114

MINUTES

Tuesday July 7, 1987

Members Present

Delegate Pauline H. Menes, Chair

Delegate Leon Albin
Delegate J. Ernest Bell, II
Delegate Louis L. DePazzo
Delegate Juanita Miller
Delegate Kenneth C. Montague, Jr.

Delegate Joan B. Pitkin Delegate D. Bruce Poole Delegate Patricia R. Sher Delegate Virginia M. Thomas

Staff Present

Michael W. Reed Elizabeth Sammis Scott Ollar Committee Counsel Research Analyst Legislative Aide

Delegate Menes convened the meeting and presented the proposed survey of prevention and treatment programs in each county. Each member of the Special Committee will go into their own jurisdiction (or assigned area) and collect information. The content of the survey will be patterned after questions arising from the presentation by Prince George's County's addictions coordinators and health officer. The presentation will help the Committee prepare a grid of questions for members to use, in a format that will be easy to record, including the name of the program, what age group it serves, whether there is a cost, and whether State, county, or federal money funds it. The members will set up appointments or talk by telephone to officials in their county to determine: 1) exactly what is taking place; 2) where gaps might exist; and 3) can the gaps be filled through authority of the State legislature, through county jurisdiction or through use of federal monies.

After a brief review of the proposed survey, its scope and purpose, Delegate Menes introduced Dr. Helen McAllister, Health Officer for Prince George's County, and two Health Department officials. Delegate Menes

requested that Dr. McAllister present information about the level of coordination and service cooperation between Health Department personnel and those working in the prevention and treatment areas that come out of the education system.

Dr. McAllister stated that she would like to spend a few minutes telling about her experience with the Commission on Black and Minority Health as the Chair of the Subtask Force on drug abuse and addiction problems but could defer that discussion to another time and concentrate on Prince George's County and the Health Department. Dr. McAllister noted that Michael Fuller, Director of Addictions, would give a briefing on the whole system and she would address cooperation and working together in the areas of prevention and treatment.

Dr. McAllister stated that during the course of her work the level of coordination has increased tremendously. The Health Department has worked well with the school system, which has an individual component providing drug education, and she noted that health education is mandated at least a year before high school graduation and she would like to see this take place throughout the State. The county has a drug council which is extremely active and has helped improve coordination. There have been a number of councils and committees over the years. The county treats hard core addiction with methadone programs, provides treatment for people who are "drug free" in the DICAP program (including people who are not really drug free but have been or are involved with drugs); and there is a DWI facility which serves people involved in the court system.

The county has determined that minority populations, blacks, hispanics and Southeast Asians are not adequately served. The subtask force gathered representatives of the community to discuss addiction issues and they agreed that there is an urgent need for outreach, halfway, and quarterway houses for drug detox. The Certificate of Need (CON) process has previously caused a problem in providing facilities, and community resistance is horrendous. There is a major problem with insurance since most health benefits only allow 7 days for drug detox and a two week minimum is needed. Medical assistance will not pay for services beyond that point and this is a serious gap. In some instances private health insurers do not cover drug treatment unless a psychiatrist is involved. Participants in the methandone program cannot get medical assistance after they go off the methadone, and the objective of methadone programs is to end the patient's dependency. There is an extreme need for rehabilitative services.

When meeting with the Baltimore City group, the subtask force found that combining rehabilitation with drug programs produced the best results. The rehabilitation included combining health, social, and educational needs, including acquiring skills to qualify for a job, and learning how to apply for a job. Street outreach is also important, that is, getting services to the people rather than getting the people into the services.

Dr. McAllister urges the Special Committee to ask some of these questions as they move around the State. The Chair asked if the subtask force would make legislative recommendations and Dr. McAllister replied that she was not sure that they would since the group had developed a set of priorities for the Governor, not including the things she had mentioned. When the report of the subtask force group is completed, it is not clear at this time whether these matters will be addressed specifically this year. For this reason the Special Committee may need to address this matter. There is a need to study the problem of why more minorities are not getting into the drug free programs. Delegate Larry Young chairs the Commission, and Dr. McAllister is the Subchair of the Task Force on Drugs. Delegate Menes asked to coordinate the Special Committee's recommendations and the Commission's work. Specifically the Special Committee should contact the Commission about their mutual concerns.

Dr. Steinberg asked Dr. McAllister to reiterate the tremendous need for halfway and quarterway houses since many people do not recognize this urgent need. There is a particular need for facilities for drug patients, as opposed to alcohol patients. Part of the rehabilitative process (which is similar to the model for persons returning from prison) involves gradual return to full functioning in the community. Those services are extremely important for patients who need rehabilitative aspects of a sheltered environment during which they can figure out how to hold down a job and maintain responsibility. If there is anything the Committee can do to push forward efforts to get drug related halfway and quarterway facilities they are encouraged to do so. One private shelter called Keswick House requires the patient to complete 28 days of rehabilitative treatment prior to entry to the facility.

There is a problem overcoming community resistance and perhaps former patients need to approach the community. Delegate Montague asked what the major impediments to development of more of the halfway and quarterway houses are. Dr. McAllister stated that: one impediment is money; two is a place to have it once the money is available; and three is the underlying attitude that addicts are no good, cannot be rehabilitated and if they are on methadone, for example, they are totalled and are "toss-away" people.

Dr. McAllister stated that she thinks this is underlying everything and she thinks that people are frightened of addicts, they are afraid things will be stolen or that their tires will be slashed, etc. Nobody seems to see a person who is addicted as a human being, really often like the person next door. People are unaware that many people are functioning for instance on methadone, holding down full time jobs, raising families etc. There are strong attitudinal issues.

Delegate Sher asked about private insurance for rehabilitation, mandated insurance. She noted that a 1987 bill to redefine "addiction" failed partly

because of the long-time resistance from the alcoholic who felt that it took them so long to get to where they are, that they are afraid to give up what they have and were afraid they would lose (the mandated insurance for alcohol rehabilitation) it if the definition was redefined to include all addictions.

Dr. Steinberg noted that it is unfortunate that people who have recently come through the alcohol addiction benefits battle do not view drug addicts as people too. At Greater Baltimore Medical Center (GBMC) they try to do community awareness. Delegate Sher raised the idea of using empty bed space in hospitals for detox or even halfway houses. Dr. McAllister mentioned that this was tried and the funds available did not begin to cover one-half of a hospital day and hospitals could not handle it without additional money. There was not enough money to use converted beds. Secondly, the hospitals have major image concerns.

Dr. Steinberg and Delegate Sher discussed the suggestion further. Delegate Sher mentioned that rallying community support was essential. She explained how the organizing of Friends of R.A.P. included parents and concerned citizens and was a bipartisan group. They were partly responsible for changing zoning procedures for halfway houses. The organization took drug free participants into the community on speaking engagements. Dr. Steinberg suggested combining public service with public awareness. Delegate Thomas asked about the capacity of halfway and quarterway houses and whether placement of a facility is a legal problem. Delegate Pitkin noted that there is a need to approach policymakers on the issues raised by Dr. McAllister and Dr. Steinberg and the Special Committee may need to help with outreach to the community.

Delegate Montague commented on the drug and alcohol education and asked how it is being done. Dr. McAllister noted that the precise methods are currently under development. Delegate Albin commented on the need for halfway houses and asked how to accomplish public awareness.

Michael Fuller, Director of the Prince George's County Directorate of Addictions addressed the Special Committee and distributed an annual report of the DWI facility and other materials including a fact sheet. The Directorate of Addictions was formed about 12 years ago, employs 140 staff members, operates seven separate programs, provided treatment services last year to 5500 county residents and prevention services to over 2000 residents.

Mr. Fuller reviewed the programs that make-up addictions, contracts, therapeutic communities and the populations they serve. The programs are described in detail in the materials. Mr. Fuller also presented background on the county's programs, noting that the number of dollars for alcohol and drug prevention has gone up from \$30,000 to \$150,000 in a relatively short

period of time. Mr. Fuller described the DICAP (Drug Intervention Counseling -- Program) which was initially founded as a youth program in 1972 and was designed as an early intervention program. The program included participants 13, 14, and 15 years of age who were just beginning to use drugs, and included an outreach program, and a public awareness program. The demand for treatment by more serious young adult users prompted the focus of DICAP to shift. The average age of participants is now 23 or 24 and they come to the program at a crisis point in their career as drug abusers. The program provides centers across the county and about 50% of the new admissions to DICAP over the last three years have been primarily PCP users. Prince George's County has had an epidemic of PCP use for at least five years and it continues.

Mr. Fuller also described the CAB alcohol program which includes an adolescent treatment unit. There are about 500 patients in the program and 100 to 150 on the waiting list. DICAP and CAB both have about a 30-day waiting list. There is a hispanic bilingual/bicultural counselor and a separate women's program.

The Cheverly drug abuse treatment clinic is the only methandone maintenance clinic in the Washington area outside of the District of Columbia. It is funded for Prince George's County and serves about 350 active patients, 250 are long term methandone clients, and another 100 are drug free clients. There is a need to expand this program due to the increase in intravenous drug users and their fear of AIDS. While community resistance to methadone maintenance is strong, outpatient programs do not face the same zoning problems encountered by reidential drug treatment programs.

The newest county program is the PCP Intensive Outpatient Program. The program will work closely with the director of mental health, the emergency psychiatric services at Prince George's Hospital Center and the Prince George's unit at Spring Grove Hospital. It is reported that about 50% of the patients that go into the Spring Grove Hospital P. G. unit are chronic drug abusers, primarily involved with PCP and upon release these patients have no place to go. Mr. Fuller further described the DWI education program.

Delegate Pitkin asked about education programs particularly deficits at Second Genesis, funding and program staff levels. Mr. Fuller responded that programs like Second Genesis generally worked through local schools and the P. G. School Superintendent Murphy only recently agreed to provide full education at the Prince George's Second Genesis facility. This would be a full high school program and the GED course. Mr. Fuller further outlined the funding restrictions, alternatives for community involvement in prevention activities, and staff. Delegate Bell asked about costs of

programs in the DWI facility and services to multiple offenders. Mr. Fuller explained how residents must share costs; there is currently an evaluation of the facility as part of a larger nation-wide study. He also discussed the facility's capacity and the limited waiting period (4 - 5 days). Delegate Bell noted that 50% of the clients were white males and comprise 25% of the population. Mr. Fuller commented on some circumstances that might account for these figures.

Delegate Menes asked what the next priority of the program would be. Mr. Fuller referred the Committee to the priority listing and tables in the materials. Mr. Fuller has examined the funding formulas and determination of funding levels. After meetings between State and county officials Silverman, Bland, McAllister and Fuller, it appears that there is no Statewide "funding formula". Delegate Sher inquired about previously used funding mechanisms. Mr. Fuller reviewed the use and prevalence data and suggested how the data relates to funding. Mr. Fuller noted that following the meeting, Mr. Silverman suggested that Fuller submit a priority list for presentation to State and county officials. Mr. Fuller listed AIDS prevention education and IV drug abuse treatment as number one priorities. It is estimated that 10 to 15 percent of AIDS cases are related to intravenous drug use. AIDS education and outreach and related activities have started to address the problem countywide. The outreach will generate need for treatment facilities. There is also a program for high risk infants. Prince George's has the highest infant mortality rate in the State. Many teenage mothers receive no prenatal care and are alcohol and drug users. There is a need for drug and alcohol treatment personnel to work with medical personnel to serve high risk infants and their parents. Mr. Fuller noted that the directorate wants to develop specific women's groups around the county and have a highly skilled addictions counselor facilitating those groups. Fuller commented that there is a need to collect long range data on impact of prevention efforts. After further discussion on possible extension of treatment and prevention programs and funding problems, Delegate Thomas commented about procedures for review of grant applications. In response to questions regarding funding mechanisms Mr. Fuller suggested development of more accurate use and prevalence data as a basis for funding. Following discussion on the development of a formula. the Chair asked if the Committee might pursue suggestions for development of a better formula through the survey with Mr. Fuller's assistance. Mr. Fuller suggested that the Committee survey include the question "How should funding levels be determined for local jurisdictions and programs: should there be a formula, and if so, what should the formula include?"

Gwenda McClain, the Prince George's County Prevention Coordinator was introduced. She outlined her background and the transition from treatment to prevention. In the prevention area there were four programs funded in 1986-1987 and there will be nine funded in FY 88. Ms. McClain described the

programs serving school dropouts through community outreach, alternative education programs utilizing youth, services to Hispanics - particularly elderly Hispanics and youths. There is also a program that uses a creative approach for school age children. Newly funded programs will include a prevention program conducted through a local church, a local sorority and the Kiwanis. The later will be a latchkey program including alternative activities, and tutoring.

The Cheverly DAT clinic will conduct programs for children of addicted parents. Ms. McClain described the continuing SMART and Bowie BASH programs. Delegate Pitkin asked about programs that utilize recovering addicted youth as peer counselors. Ms. McClain mentioned that the Kiwanis Club speakers bureau did include recovering addicts and agreed that this was important. Delegate Thomas questioned the funding levels and grant process and asked whether there is an evaluation process to determine if the programs are doing any good. Ms. McClain noted that ACA/DAA prevention unit has a quarterly reporting requirement and there is an evaluation form. Delegate Thomas inquired about per capita expenditures, and the reporting forms. Ms. McClain described the reporting form and briefly discussed planned evaluations noting that there is an evaluation requirement for each grant recipient. Delegate Montague inquired about whether the prevention unit targeted a population for services. Ms. McClain commented on the selection of community prevention programs. Discussion followed on target groups. Delegate Thomas noted that there is a need for feedback and a better way of evaluating programs. Delegate Menes inquired about whether the prevention unit kept aware of prevention and anti-drug activities in other areas, such as schools, and does this effect how the prevention projects are chosen. Delegate Menes also asked whether there is coordination between agencies on funding decisions. Ms. McClain responded that there is a level of awareness of other programs and sources of prevention funding. Ms. McClain mentioned the needs assessment recently prepared by southern Maryland counties.

Delegate Menes noted the Special Committee's concern that there are limited funds and there is a need for coordinating agency efforts in each jurisdiction and asked what program they would develop if they could develop one more. Ms. McClain responded that she would like to see a county wide program for youth which involved peers. Delegate Montague commented on diversity of funded prevention efforts and how these projects were chosen and whether there was an overall plan. Ms. McClain stated that there had been a public meeting in anticipation of receipt of funds. Programs were largely selected for funding because they were diverse, reached various populations, and served various areas of the county.

Delegate Thomas commented that it appeared the county received a certain amount of money and then just funded the nine applications whether the applications were worth funding or not, and that the prevention unit would

then be responsible for getting the groups doing the right thing. She suggested that this might not be the best way to award grants because there should be better guidelines for what is being funded in the prevention area, why its being funded, what it means to fund projects. Delegate Menes spoke about the targeted populations mentioned by Dr. McAllister for specific minority groups and suggested that the grant awards seemed to be reactive rathan than planned. Delegate Menes asked if there is any way for the prevention office to set a plan based on what is needed and seek grantees who meet the need, and is this done.

Ms. McClain agreed that she would like to see this done but time constraints prevented it being accomplished previously when there was no full time coordinator and limited staff. She noted that programs for Asians, Hispanics, prevention of drug and alcohol abuse among the elderly, and hearing impaired is a significant problem that needs to be addressed. Mr. Fuller explained in greater detail how the grants complied with State directed priorities, plans or objectives, and the practical considerations, adjustments and contents for decisions involved in the selection process. He noted that with better levels of funding and full time coordination it will be possible to institute a better grant process.

Delegate Menes expressed the Committee's view that there is a need for priorities, targeting, and planning. Delegate Pitkin commented that the plan and objectives should be communicated to the General Assembly and State officials. Dr. Steinberg commented on the impact of self-help programs with recovered addicts. The Chair thanked Ms. McClain, Mr. Fuller and Dr. McAllister.

Following completion of Committee business concerning the survey questionnaires, the meeting was adjourned.

Respectfully Submitted,

Carol J. Lawson-Green Committee Counsel

(for Michael W. Reed)

/emk



House of Delegates

ANNAPOLIS, MARYLAND 21401-1991

PAULINE H. MENES

TWENTY-FIRST LEGISLATIVE DISTRICT SPECIAL COMMITTEE ON DRUG AND ALCOHOL ABUSE

CHAIR, DRUG AND ALCOHOL ABUSE COMMITTEE

HOUSE JUDICIARY COMMITTEE HOUSE RULES AND EXECUTIVE NOMINATIONS COMMITTEE LAW ENFORCEMENT COMMITTEE

STATE ARTS COUNCIL

STATE COMMISSION ON AGING

MINUTES

Tuesday, June 23, 1987

LEGISLATIVE ADDRESS: 3517 MARLBROUGH WAY COLLEGE PARK, MARYLAND 20740 935-6270

MID-JANUARY TO MID-APRIL 210 LOWE OFFICE BUILDING ANNAPOLIS, MARYLAND 21401-1991 WASHINGTON AREA B58-3114 BALTIMORE AREA B41-3114

MEMBERS PRESENT

Delegate Pauline H. Menes, Chair

Delegate J. Ernest Bell, II Delegate Louis L. DePazzo Delegate Kenneth C. Montague, Jr. Delegate Jean W. Roesser Delegate Patricia R. Sher

OTHERS PRESENT

Delegate Rosa Lee Blumenthal Delegate Peter G. Callas Delegate Clarence Davis Delegate Henry B. Heller

STAFF PRESENT

Carol J. Lawson-Green Committee Counsel Michael W. Reed Committee Counsel Greg Lockwood Associate Analyst Elizabeth Sammis Research Analyst Lynne Barney Taylor Research Analyst Scott Ollar Legislative Aide

Chair called the meeting to order at 2:20 p.m. and introduced Russell Henke, Health Specialist for the Maryland State Department of Education.

 $\mbox{\rm Mr.}$ Henke distributed materials on drug abuse education and prevention program's application for grants.

Mr. Henke pointed out that under the Drug-Free Schools and Communities Act of 1986, 90% of the funds are to be distributed to the school districts. He further explained that a portion of the governor's funds have been granted to school districts to supplement the training programs. Each Local Education Agency (LEA) will receive at least \$15,000.

Delegate Sher asked Mr. Henke if MSDE could approve or disapprove of programs. Henke noted that the Advisory Council, consisting of legislators, will advise LEAs on revising programs.

Mr. Henke stated that the United States House of Representatives approved, by a vote of 401-1, a \$250 million funding level for FY 1988. The funding level has been extended through 1993 instead of 1989 and is to be maintained through at least 1989.

Mr. Henke also pointed out that Maryland school systems applying for grants have been asked for a three year plan including a detailed first year plan. Funding for additional years requires a report on first year activities and a detailed second year plan.

Mr. Henke stated that the application includes a list of priorities formulated by MSDE. The top priority is a comprehensive program for grades pre-K through 12. The curriculum development task may take place over a three year period.

The Chair asked why there is difficulty adopting a curriculum program. Henke responded that there should not be that much difficulty in developing a program now, and MSDE will assist by providing copies of available curriculum and additional information. He noted that several districts may need to remodel some of their existing curricula.

Delegate Sher asked about testing or evaluating the impact of the programs by surveying the students. Henke noted that eighth, tenth and twelfth grades are surveyed annually. The survey examines knowledge, behavior and usage. The old evaluation survey will be used again.

Delegate Callas noted that the method for evaluating the programs was not mentioned in the application and asked if there should be assessment of the programs. Henke noted that page 6-G contains the recommended evaluation. Mr. Henke pointed out that the Department has asked for existing curriculum and this information will be compared with what is developed during the grant period.

Delegate Sher noted that unless the children are able to provide feed-back on their changed attitudes the program evaluation is not valuable. Henke stated that school districts, however have complained about behavioral components intruding on the personal lives of students. The Chair indicated that some jurisdictions have stopped providing responses to existing surveys. She wanted to know how areas are treated if they refuse to follow through. Henke responded that there will be at least two on-site evaluations, and a written report to MSDE.

The Chair observed that the self-report statistics from each district should be an indicator of response and level of success, and asked if a self-report requirement can be employed in counties where there is no participation.

Henke explained that this was attempted but where the recipients are not involved in the development of the survey, the response is not good.

Mr. Henke also noted that the Student Assistance Program "PILOT" will commence in August. The training coordinator for the Student Assistance Team is paid for by Governor's funds and the Free Masons, a local private agency. This is an early intervention model based on a successful Pennsylvania program. Mr. Henke projected that there will be a team in each middle and high school in the State. The Department also wants to have a MADART team in each school district.

Henke emphasized the need for each jurisdiction to have an advisory council, and to include legislators on the advisory councils. He stated that those legislators who are interested should contact their local school districts.

The Chair asked about existing Drug Advisory Councils and Mr. Henke stated that these councils might need to be altered, or expanded, to include educators. Delegate Menes asked who develops the councils and Henke said it varies, and the school superintendent is the person to contact to find out who develops the councils.

Delegate Bell pointed out that St. Mary's County was the first county to submit application and asked whether counties have discussed joint application. Mr. Henke said that the MSDE was encouraging the consortium idea.

Delegate Sher asked how funds will be redistributed if there are districts that do not apply and Henke stated that the MSDE hoped all school districts would participate but if not, the funds would be redistributed. Delegate Sher also asked about how the private sector was encouraged to be involved in drug education and Mr. Henke noted discussions through the Governor's alliance.

Delegate Bell asked Mr. Henke for his thoughts on mandated curriculum and Mr. Henke responded that federal law has set the trend toward mandated curriculum.

Delegate Roesser asked what kind of personnel will implement the application grants. Mr. Henke replied that most of the money will be spent on training, however, they are not sure who will be trained, it may be the school nurse, counselor or physical education teacher. Mr. Henke also pointed out that the focus will be on the middle school level and specialists will be hired to work on curriculum development and teacher training.

Delegage DePazzo expressed some discontent with the programs content. Delegate Sher expressed a view that former alcoholics and addicts should be used to counsel. The Chair stated that involvement of former abusers in counseling should be higher on the priority list and that the Committee is

concerned about teachers not knowing enough about what they are presenting. Mr. Henke noted that the quality of material presented by former addicts varies and could glorify the use of drugs. Delegate Sher responded that she wanted to see statistics proving former addicts are not good counselors.

Delegate Callas asked how effective the programs can be if, after a number of years and millions of dollars have been spent, the same problems exist. Mr. Henke pointed out that in three years the results will be evident through the Department of Health and Mental Hygiene statistics and other surveys.

Delegate Bell stated that he wanted to be able to contact individuals who will receive the survey (survey distributed at the June 23 meeting), and would like to be provided with a list of their names.

Beth Sammis and Lynne Taylor of the Department of Legislative Reference, Research Division presented a special report entitled The Abuse of Drugs and Alcohol by Adolescents: An Overview. This report was written to provide an overview of existing research and literature about the drug abuse problem among adolescents including Maryland's youth. Ms. Taylor pointed out that the report does not attempt to recommend or evaluate existing substance abuse treatment and prevention programs. The report is a factual presentation of the drug and alcohol abuse problem and the programs and resources that exist to combat the problem. The report also explores trends in drug use, the prevalence of such use, and why adolescents become initiated into drug use. The report contains in its appendix a list of treatment programs with an adolescent component, a chart that outlines, by county, information about prevention programs operating in each county.

Ms. Sammis spoke to the Committee about trends and the prevalence of drug use and the antecedents of drug use and abuse. The information Ms. Sammis presented was obtained from a self-reporting survey done in Maryland and based on a successful University of Michigan survey. Ms. Sammis pointed out that Maryland followed the national trend in that the majority of high school seniors have used drugs during their high school years. The use of alcohol, cigarettes, and marijuana, however, is higher in Maryland than the rest of the nation. Recently, there has been an increase in the use of PCP and heroin by Maryland youth.

Ms. Sammis also discussed a study on the adolescent chronic abuser, by John Sheridan. It was pointed out that adolescents tend to abuse more than one substance and that their treatment needs are different than those of adults.

Ms. Taylor pointed out that in terms of drug enforcement in the schools, school authorities are expected to defer to local law enforcement. It was also noted that the Juvenile Services Administration has developed programs for delinquent children involved with narcotics. Ms. Taylor stated that there are two main approaches for treating drug and alcohol abusers, each having certain implications for treatment regiments. One approach

emphasizes that the individual abuser, particularly an adolescent, must initially be stripped of his or her self esteem. This school maintains that the abuser has an inflated sense of self-worth fueled by substance abuse and that this grandiose ego must be deflated before improvement can occur. Conversely, the second approach emphasizes that the individual seeking treatment has absolutely no self-esteem and the purpose of treatment is to rebuild a strong sense of self.

In response to a question from Delegate Montague, Ms. Taylor pointed out that there is a sequence for drug abuse, especially for females, in which the person starts towards chronic drug abuse by abusing cigarettes. After reaching 15 years of age there is less likelihood the person will reach the level of chronic abuser if they have not started abusing cigarettes.

The final speaker was Dr. Thomas Sullivan, from the Greater Baltimore Medical Center, and a colleague of Dr. Steinberg, a frequent guest of the Committee. Dr. Sullivan presented a proposal to assist with drug and alcohol abuse education in Maryland schools. He stated that he wanted to make new resources available. His proposed objective is to gather together a team of physicians and health experts to aid in the drug curriculum review.

Delegate Sher expressed a desire to bring the directors of programs before the Committee and "hear from people who are involved in the process".

The meeting adjourned at 4:20 p.m. to be reconvened on July 7, 1987 at $2:00\ p.m.$

Respectfully Submitted,

Jichail Cook

Michael W. Reed Committee Counsel

MWR/emk



House of Delegates

ANNAPOLIS, MARYLAND 21401-1991

PAULINE H. MENES TWENTY-FIRST LEGISLATIVE DISTRICT

CHAIR, DRUG AND ALCOHOL ABUSE COMMITTEE SPECIAL COMMITTEE ON DRUG AND ALCOHOL ABUSE COLLEGE PARK, MARYLAND 20740

HOUSE JUDICIARY COMMITTEE HOUSE RULES AND EXECUTIVE NOMINATIONS COMMITTEE LAW ENFORCEMENT COMMITTEE STATE ARTS COUNCIL STATE COMMISSION ON AGING

MINUTES

Tuesday, June 9, 1987

LEGISLATIVE ADDRESS: 3517 MARLBROUGH WAY 935-6270

MID-JANUARY TO MID-APRIL 210 LOWE OFFICE BUILDING ANNAPOLIS, MARYLAND 214D1-1991 WASHINGTON AREA B58-3114 BALTIMORE AREA 841-3114

Members Present

Delegate Pauline H. Menes, Chair

Delegate Leon Albin Delegate J. Ernest Bell, II Delegate Kenneth C. Montague, Jr. Delegate D. Bruce Poole

Delegate Jean W. Roesser Delegate Francis J. Santangelo, Sr. Delegate Virginia M. Thomas Delegate Judith C. Toth

Others Present

Delegate Clarence Davis

Staff Present

Carol J. Lawson-Green, Committee Counsel Michael W. Reed, Committee Counsel

The Chair convened the meeting and the first order of business was to approve the minutes from the last meeting. Chair made a motion to approve the minutes as presented, the motion was seconded by Delegate Bell.

The Chair stated that the purpose of the meeting was to give the members of the Committee, particularly those not on the Judiciary Committee, a sense of the Maryland law as it relates to drugs and alcohol. She stated that whenever there is a reference to drugs it includes alcohol and drug abuse.

Ms. Lawson-Green gave a brief overview of the laws relating to drug abuse, and drug and alcohol education. She referred to three handouts that were prepared by the Committee staff to aid those who were listening to the presentation.

Ms. Lawson-Green reiterated the fact that the State Board of Education is required to develop and implement a program of drug education in the public schools (Education Article §7-409 - §7-411). The program begins in the 6th grade and is implemented by teachers who are trained in the field of drug education and alcohol education. Currently a survey is being carried out by the Staff of the Special Committee to ascertain how this provision is being carried out. Currently, 14 jurisdictions have responded and each has some degree of drug and alcohol education in their school.

Ms. Lawson-Green stated that this provision has been in place for approximately 16 years. The provision was designed by the Legislature as a means of finding a way to institute a prevention program. The program, as it relates to alcohol, was to be in place by 1978. She stated that the law is adequate and suggested that the Special Committee might want to look at how the law has been implemented and how the programs have been adopted.

Ms. Lawson-Green also stated that there is no provision for adolescent drug care, prevention or education. She suggested that some attention should be focused on the fact that a person must be a cronic abuser before they can receive any kind of help.

Ms. Lawson-Green also suggested that because the scope of the problem has changed it may demand another approach, and perhaps the administrations activities should be reviewed to determine if we need two administrations within the Department of Health and Mental Hygeine, if it would be better to adopt an inter-agency approach, one large administration, move off to a separate agency, or develop some other sort of administrative structure to handle this problem.

Ms. Lawson-Green also reviewed the benefits provision, or options, in Article 48A, the Insurance Code. This article has a great deal of impact on how we view and respond to treatment for individuals with drug and alcohol problems. In §477F there are no mandated benefits for drug treatment in our State but rather a mandated option. There is also a mandated benefit for alcohol treatment, §490F. A mandated benefit, for drug treatment, identical to the Alcohol benefit has been suggested. Ms. Lawson-Green suggested the option of developing a new Article for addictive illnesses.

Michael Reed discussed the current regulations regarding drug and alcohol abuse. He stated that he was complying with the stated intentions of the Special Committee by focusing on alcohol and drug abuse by school age children. Mr. Reed found that most of the regulations relating to school

age children involved drug enforcement in schools and a few programs which provide counseling to teenagers. Currently there are no provisions for mandatory counseling or treatment at the time the student is arrested or suspended. Most of the existing programs are for the chronic abuser. One exception is a crisis intervention program called Rap House. This is an informal walk-in program that provides counseling, drug information, treatment facilities and a hot-line.

Sargent Ames of the Baltimore City Police Department provided the Committee with a handout entitled "Legislative Proposals to the Special Committee on Drug and Alcohol Abuse". Sargent Ames said that, in order to better explain the proposals he would call on Sgt. John McEntee from the Baltimore Police Department Drug Enforcement Section to talk about the Affidavit Bill (HB 1149/87), and Sargent John Draa, also from the Baltimore Police Department Drug Enforcement Section, to talk about the Forfeiture Act, both of which have been in the legislature for several years.

Sargent McEntee pointed out that the Affidavit Bill would enable law enforcement, in certain situations, to seal affidavits which were submitted in support of search and seizure warrants. The other bill would enhance the penalties for distributing drugs in, on or within 1,000 feet of a school. Both of these legislative proposals are modeled after federal law. Sargent McEntee said he has testified during the last two legislative sessions regarding sealed affidavit legislation. Delegate Menes asked whether the 1,000 feet would affect juveniles selling to juveniles. Sargent McEntee stated that they would be taken into custody as juveniles, and they would be eligible for waiver to the adult system a lot more quickly. This new law would also subject them to more stringent penalities.

Delegate Thomas asked if the law would apply to possession as well as distribution or dispensing of controlled substances, and if not, why not. Sargent McEntee pointed out that no legislation has been drafted in Maryland and at this time their main objective is to get this legislation passed.

Delegate Bell asked if it is a requirement of the Maryland Rules of Criminal Procedure that the affidavit be attached to the warrant and who makes the Rules. It was determined that the Rules Committee of the Judiciary makes the rules. Delegate Bell asked if the Rules Committee has ever been asked to change the rule and Sargent McEntee stated he did not know if that had been done. Sargent McEntee also pointed out that it is a requirement of Article 27 that the affidavit be attached to the warrant.

In response to a question from Delegate Albin, Sargent McEntee said they have not seen any reluctance on the part of the judges to use the sealed affidavit.

Sargent John Draa testified that the driving force behind the illicit narcotic trade is money. An enhanced forfeiture act within the State would take away the illicit profits and the items used to facilitate this activity. Forfeiture could not only work as an effective enforcement tool but the money derived from it would be an added source of revenue for the enforcement, prevention, drug treatment and education programs.

Delegate Menes asked if the reinvestment of the funds gained through forfeiture is an essential part of the proposed legislation. Sargent Draa said that the destination of the revenue would not hurt the act at all. Delegate Menes commented that earmarking the funds is not looked upon favorably. She wanted to clarify that targeting the funds is not an essential part of the concept of comprehensive forfeiture.

In response to a question from Delegate Thomas, Sargent Draa stated that forfeiture legislation has been sponsored in both Houses of the Legislature for the past three years.

Delegate Bell said that as the forfeiture bill was written it is rather broad. He stated that there are redraft hearings scheduled for this summer, but as it stands it is to broad.

Delegate Davis asked the Baltimore Police Department if they thought the forfeiture profits would provide as great a return as mandatory sentencing. Delegate Davis also asked the police department why they have not supported mandatory sentencing initiatives in Maryland. Sargent Draa stated that there has not been a push for mandatory sentencing because they have been using the federal laws to get the largest drug dealers. Delegate Davis stated that citizens today are afraid of the violence and disruption caused by drug trafficking, and that stiffer sentencing would be more effective than forfeiture.

Delegate Thomas asked the guests of the Committee if they had thoughts about legalizing drugs. She stated that the costs associated with the drug trade could be reduced by such an initiative. Dr. Steinberg pointed out that as long as drugs are illegal they cannot be controlled. He stated that the British experience of legalizing drugs was not negative and it caused many unknown users of drugs to reveal themselves and seek treatment.

Delegate Albin stated that the Judiciary is not using the tools that they have.

After being introduced by the Chair, Warren Duckett, the State's Attorney for Anne Arundel County, stated that he favored forfeiture legislation. He then introduced Frank Weatherbee, Deputy State's Attorney for Anne Arundel County, and Chairman of the Legislative Committee of the Maryland State's Attorneys Association. Mr. Weatherbee stated that the State's Attorney's Association is supporting two legislative initiatives. The first proposal requires mandatory sentencing of subsequent offenders and the second corrects a problem with chain of custody witnesses created by the case of Gillis vs. State 53 Md. App. 691. Mr. Weathersbee gave an overview of the current law contained in Article 27, Section 286 and then pointed out some of the problems the General Assembly had with SB 307/HB 180/1987. The General Assembly rejected both marijuana and cocaine mandatory sentences and lowered the fourth offender life without parole provision to forty years without parole. The second proposal, HB 615/1987, introduced for four consecutive years, seeks to overturn the Gillis vs. State decision which held that the State must produce the chain of custody witnesses if the defense attorney requests them.

Delegate Davis stated that the State's Attorney cannot solve the drug problem because there is too much race and class involved in the criminal justice process. Mr. Duckett responded that the State's Attorney's Office in Anne Arundel County does not have those problems. Delegate Poole asserted that the same perception exists in his district in Washington County, adding that it is perceived that blacks are more likely to get a strong sentence.

Mr. Duckett also added that drug enforcement officials are not given enough money to prosecute the large drug dealers.

Delegate Roesser asked why the State's Attorney has not focused money on the larger drug cases. Mr. Duckett responded that politicians and citizens were more concerned with the increase in lower level drug related offenses.

Lieutenant Dayton of the Maryland State Police pointed out that the State Police want to get the large drug dealers but they do not have the laws to get them. Often the State Police use the federal laws to apprehend the large dealers.

Delegate Davis suggested legislation to prohibit judges from using drug abuse as a mitigation factor.

The Chair requested that the State's Attorney's Association and the Maryland State Police come up with equity positions clearly defining the top three priorities of the groups. The Chair pointed out that the Committee wants to look at strengthening the process, not policy.

Gerald Anders, Deputy State's Attorney from Anne Arundel County, and leader of the Controlled Dangerous Substance Strike Force, spoke about the activities of the Strike Force. The Strike Force was started on September 27, 1986. The State's Attorney's Office wanted to limit the number of prosecutors and professional staff on the Strike Force to develop special expertise in felony narcotics cases. The Strike Force has concentrated on keeping good statistics. The Strike Force, consisting of four units, usually manufactures the crime to prosecute narcotics dealers. The new fourth squad will work on the highest level drug dealers and will go to other states and countries to develop cases. The Strike Force has increased drug convictions by 56 percent. Mr. Anders stated that he also believes that mandatory sentencing will have the greatest effect.

Deletgate Davis suggested legislation that would permit a judge to deny bail to an individual for an arrest after several convictions.

In response to a question from Delegate Thomas, Mr. Anders pointed out that of the 400 individuals indicted since September 1986 almost all of the lower level operatives were drug users. There is less drug abuse among the top level dealers because they are in the drug trade primarily as investors.

Mr. Anders, commenting on the suggestion of legalizing controlled dangerous substances, pointed out that the idea would not work with PCP and other hallucinogens because they cause violent crime.

The meeting adjourned at 2:15 to reconvene on Tuesday, June 23, 1987 at 2:00 p.m.

Respectfully Submitted,

Michael W. Reed

Committee Counsel

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Appendix IX.

Maryland State Department of Education: February 1987 Alcohol and Drug Data

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HARTAND STATE DEPARTMENT OF EDUCATION

Petruary 1987

ALCOHOL & OTHER DRUG CURLICULA & PREVENTION PROGRAMS INFERENTED IN THE PUBLIC SCHOOLS OF HARYLAND

COUNTY	OURTY Grade Level for Initial Instruction in Drug & Alcohol	Type of Curriculum Used & Grades of Instruction	Is Curriculum Taught in Every School, to Every Student?	Monitoring of Instruction	Self Wanagement & Resistance Training (Project SWART)	MD. Alcohol & Drug Action Resource Team (MADART)	Students Helping Other People (SHOP)
Allegany	Kindergarten	Here's Looking At You 2000 K-6 In- tegrated in Grades 9411 with local curriculum in science.	Offered In Every School (All Teachers Not Yet Trained)	Supervisor Observation of Teachers	7 Junior Highs Grade 7	1 County Wide Team	10 Middle & High Schools
Arme Armdel		Local Curriculum Integrated K-12	Yes	Supervisor Observation of Teachers	777777777777777777777777777777777777777	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	
Baltimore City	Kinder gar ten.	Local Curriculum in Health Education K-8 Health Electives 9-12	Yes	Supervisor Observation of Teachers	24 Middle Schools Grade 6	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
Baltimore County	altimore Kindergarfen Ounty	Local Curriculum Integrated K-8 Health Requirement	Yes	Supervisor Observation of Teachers	7772727272727272727272727272727272727272	177727777777777777777777777777777777777	777777777777777777777777777777777777777
Calvert	alvert Kindergarten	Local Curriculum Integrated K+2+4	Yes	Supervisor Observation of Teachers	7772	777777777777777777777777777777777777777	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
Caroline	Aroline Kindergarten Local Curriculum Integrated K-6 Science Grades 7-10 Science Grades 7-10	Local Curriculum Integrated K-6 Science Grades 7-10 -Electives.Grades.ll+12	Xes	Supervisor Observation of Teachers	, , , , , , , , , , , , , , , , , , ,		777777777777777777777777777777777777777

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Oxenty	Grade Level for Initial Instruction in Drug & Alcohol	Type of Curriculum Used & Grades of Instruction	Is Curriculum Taught in Every School, to Every	Monitoring of Instruction	Self Management & Resistance Training (Project SWART)	MD. Alcohol & Drug Action Resource Team (MADART)	Students Helping Other People (SHOP)
Carroll	Kindergarten		Yes	Supervisor Observation of Teachers		1 High School	3 High Schools
Cecil	Grade 1	Local Curriculum ingrated Grades 1-5 Required Health Grade 9 Health Electives	Yes	Supervisor Observation of Teachers	6 Middle Schools Grade 6 1 Junior High Grade 7		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Charles	Charles Kindergarten Local Curriculum & Here's Locking at You	Local Curriculum & Here's Locking at You	Yes	Superviosr Observation of Teachers	3 Middle Schools Grade 6	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	777777777777777777777777777777777777777
Dorchester	Dorchester Kindergarten	_1	Yes	Supervisor Observation of Teachers	3 Middle Schools Grade 6	1 High School	5 High Schools & Middle Schools
rederick	rederick Kindergarten	Here's Looking At You Two Grades K-12 in tegrated in Science	Yes Where teachers have been trained	Supervisor Observation of Teachers.	4 High Schools Grades 9-12	3 High Schools	2 High Schools
Garrett	Carrett Kindergarten Seattle Project K-3 MD, Alcohol & Abuse Program Grade 4 Program Grade 4 Program Grade 4 Belkley.Project.Gra-5.	Lugalib.ib.bkausa.rsu. Seattle Project K-3 KD. Alcohol & Abuse Program Grade 4		Supervisor Observation of Teachers	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	777777777777777777777777777777777777777	111111111111111111111111111111111111111

County	Grade Level for Initial Instruction in Drug & Alcohol	Type of Curriculum Used & Grades of Instruction	Is Curriculum Taught in Every School, to Every Student?	Monitoring of Instruction	Self Management & Resistance Training (Project SWART)	MD. Alcohol & Drug Action Resource Team (MADART)	Students Helping Other People (SHOP)
Barford	Harford Rindergarten	Local Curriculum integrated K-12	Yes	Supervisor Observation of Teachers	5 Middle Schools Grade 6	1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Boward	Kindergarten	Local Curriculum in Health Education K-12	Yes	Supervisor Observation of Teachers	10 Middle Schools Grade 6	5 High Schools	8 High Schools & Middle Schools.
Kent	Kent Grade 1	Local Curriculum integrated in Science Grades 1-3, Health Grade 5, Quest Grade 6 Health Electives	Yes	Supervisor Observation of Teachers	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7		7 7 7 7 7 7 7 7
Montomery	Kindergarten	Local Curriculum K-7 Integrated in Science, Grace 8 Physical Education, Grades 9-12	Yes	Supervisor Observation of Teachers Survey	16 Middle & Junior High Schools Grade 7	13 High Schools	9 High Schools
Prince George B	Kindergarteñ"	Local Curriculum in Health Education K-6 Science Grade 7 Localth Floring Gr 9-1	Yes	Supervisor Observation of Teachers Survey	28 Middle Schools Grade 7	1 High School	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
Queen Anne's	Queen Ame's Grade 1	Local Curriculum integrated in Science Grades 1 & 3, Health Crades 6 & and 10	Yes	Supervisor Observation of Teachers	3 Middle Scho <u>ols</u> Grade 6	777777777777777777777777777777777777777	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
St. Mary's	St. Mary's Grade 5	Local Curriculum Integrated in Science Grade 5, and in Grades 7, and 10	Yes	Supervisor Observation of Teachers	2 Middle Schools Grade 5	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
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County	Oxunty Grade Level For Initial Instruction in Drug and Alcohol	1	Is Curriculum Taught in Every School, to Every Student?	Monitoring of Instruction	Self Management and Resistance Training	Maryland Alcohol Drug Action Resource Team	Students Helping Other People (S10P)
Somerset	Grade 2	Local Curriculum intergrated in Science in Graces 2, 4-7, and Health Grade 8, Science Grade 9	Yes	Supervisor Observation of Teachers		777777777777777777777777777777777777777	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Talbot	Talbot Grade 2	Local Curriculum Grades 2-5, Required Fealth Grades 6-8	Yes	Supervisor Observation of Teachers	Included in Local Curriculum	2 High Schools	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Washington	Washington Kinder garten	}		Supervisor Observation of Teachers	8 Middle Schools Grade 7	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	77 77 77 77 77 77 77 77 77 77 77 77 77
Wiconico	Hi conico	Wicomico Kindergarten Local Curriculum integrated K-3 Health 4-6 Required Health Grade 8 Required Health Grade 1	Yes	Supervisor Observation of Teachers	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 County Wide High School Team	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Worcester	Rinder garten Kinder seuten	Worcester Rindergarten Local Curriculum Integrated K-8	Yes	Supervisor Observation Lof_Teachers		777777777777777777777777777777777777777	

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